DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE ONLY
FY 2018-19 JOINT BUDGET COMMITTEE HEARING AGENDA

Wednesday, January 8, 2018
2:00 pm – 3:00 pm

2:00-2:10 INTRODUCTIONS AND OPENING COMMENTS

Presenters:

- Stan Hilkey, Executive Director
- Joe Thome, Division Director, Division of Criminal Justice

2:10-2:25 COMMUNITY CORRECTIONS UTILIZATION

Presenters:

- Stan Hilkey, Executive Director
- Glenn A. Tapia, Director of Community Corrections, Division of Criminal Justice
- Joe Thome, Division Director, Division of Criminal Justice

1 Please discuss the issues that are causing the reduction in the number of transition offenders in community corrections and the fiscal year reversions.

Response: *Reductions in the number of transition offenders placed in community corrections is never a function of a single entity, single organization, or single practice. Rather, there are intra-organizational as well as inter-organizational barriers and inefficiencies that result in fewer placements over time. Resolving the under-utilization of community corrections capacity and the over-utilization of prison capacity requires a systemic approach to address the technical, adaptive, and organizational barriers that lead to decreased utilization.*

Stakeholders in community corrections and the Colorado Department of Corrections (CDOC) have analyzed this issue several times since 2005, including a Rapid Improvement/Lean Event that the Governor's Office sponsored within the CDOC in 2012. Improvements to the Transition community-reentry process have also been examined by task forces of the Colorado Commission on Criminal and Juvenile Justice (2014-2016) including a bill that was introduced but unsuccessful in 2015 (SB 15-007). Most recently, in 2017, this issue has been re-examined by the Governor's Community Corrections Advisory Council. Following are some of the primary categorical areas where improvements may be made in order to increase Transition bed utilization in community corrections. These items should not be interpreted as issues for which all stakeholder agencies have universal consensus. Rather, these are offered as perspectives of the Division of Criminal Justice (DCJ) based on its work since 2012 regarding this issue:

Division of Criminal Justice and Community Corrections System Issues

1. ***Lack of Training/Education – CDOC Institutions:*** *There is a lack of state-supported and community-corrections specific training for institutional case managers. As a result, institutional case managers lack means to access education, training, awareness, and knowledge of community corrections specialized treatment programs; the availability of services; and screening criteria.*

2. ***Lack of Training/Education – Community Corrections Boards****: There is a lack of state-supported orientation and annual education and training for community corrections board members.*

3. ***Need for Improved Communication with Parole Board****: There are gaps in communication and coordination among members of the community corrections boards and providers and the State Parole Board. The Parole Board may help to utilize community corrections beds with improved coordination and communication.*

4. ***Unstructured Decision Making:*** *With only a few exceptions, most community corrections providers and boards lack structured decision making tools where evidence-informed data regarding offenders' levels of risk, need, and readiness for community supervision is prioritized in the decision making processes.*

5. ***Lack of Feedback/Information Sharing with CDOC:*** *The CDOC receives little to no feedback from providers and boards regarding the reasons for community supervision placement decisions. The current process of communication between case managers and community corrections facilities is through the CDOC Community Referral Unit and electronic communications. As a result, there is very little communication or knowledge shared between case managers and community providers or community boards.*

6. ***Decentralized Screening and Acceptance Metrics:*** *There is no central means to collect and report standardized and universally defined metrics for community corrections referrals, re-referrals, acceptance rates, and reasons for rejection from community corrections.*

7. ***Uncoordinated Transportation:*** *It has been reported since 2012 that there are inefficiencies in coordinating and executing movement of offenders from CDOC facilities to community corrections facilities. These inefficiencies lead to vacant beds on any given day in community corrections despite offenders being on waiting lists. Providers could work closer with CDOC transportation unit to create some efficiencies in this area.*

Statutory Issues

8. ***Mandatory Initial Referral:*** *The Department believes that the current statutory structure for initial mandatory referrals to community corrections from the CDOC is obsolete as it is driven by time and crime type only. The current referral process is lacking any pre-screening or human decision-making process where a targeted and intentional decision is made to refer appropriate inmates to community corrections from a risk/need/behavioral/and readiness perspective. Referrals are not recommendations; but rather, serve as mechanical processes to refer inmates who meet basic statutory criteria.*

9. ***Discretionary Subsequent Re-Referral:*** *The current statutory structure (18-1.3-301,C.R.S.) for subsequent/re-referrals is problematic. Once initially referred to community corrections, offenders may be re-referred and reconsidered at a later date. However, this subsequent re-referral is discretionary on the part of the CDOC institutional case management staff. Given that institutional case managers have many duties other than referrals to community corrections, having a discretionary rather than mandatory re-referral system leads to inadequate subsequent/re-referrals and underutilization.*

10. ***Lack of Incentives for Offenders****: Inmates may often choose to take their chances on parole supervision rather than participating in 6-8 months of structured community supervision and treatment in community corrections. There is a lack of tangible incentives for inmates to choose early release through community corrections rather than to wait until they are granted parole release.*

External Partner Agency Issues

11. ***Regulatory Barriers****: Providers of Intensive Residential Treatment (IRT), Residential Dual Diagnosis Treatment (RDDT), Therapeutic Community (TC), and Cognitive Behavioral Treatment (CBT) are currently limited by the Department of Human Services - Office of Behavioral Health (OBH) regulations. Specifically, OBH rules limit the number of clients who can be in a treatment group to 12 (2 CCR 502-1, section 21.210.44.C). This rule results in a limit on admissions limits providers' abilities to accept offenders into treatment beds beyond the required 12:1 ratio of offenders to clinical staff.*

12. ***Quality of Referral Information:*** *The quality and quantity of information is the lifeblood to community-based decision making about prison release, community-reentry, and community corrections placement. Community corrections boards and providers, as well as the State Parole Board report that referral packets are often incomplete, and dated. This often results in rejection because of handicapped capacity to evaluate an offender's level of risk, need, and readiness for community placement. Community corrections providers and boards are also viewing duplicative information as a result of the compilation from multiple platforms. This can lead to confusion for everyone as all have a different view, dependent upon the system they utilize. Local community corrections entities must have all relevant information in order to make an informed and appropriate placement decision.*

13. ***Antiquated and Disconnected Information Systems:*** *CDOC has reported in recent meetings that their information systems are antiquated and limited in functionality requiring case managers, community parole officers and the community referral unit to log into multiple platforms to*

compose/process a referral. These current systems do not supply adequate data output or integrated information sharing to support an appropriate community referral. This leads to major inefficiencies and human error in processing referrals. In past as well as recent process improvement meetings regarding IRT and RDDT beds, Institutional Case Managers and Facility Parole Officers have reported that they don't have access to the necessary clinical/assessment/treatment information within the CDOC information systems.

14. ***Notifications for Re-Referral:*** *It has been reported in recent multi-agency working groups that the current CDOC information systems are not currently able to notify case managers of an offender's re-referral eligibility, as the systems are only designed to alert case managers to the initial community referral. Historically case managers have relied on the offenders to return and remind them when they are eligible for a re-referral.*

15. ***Lack of Institutional Recommendations for Community Re-Entry:*** *Currently, CDOC policy does not allow institutional staff to make a recommendation for community placement. Currently AR#1450-01 prohibits advocacy for an offender regarding community release decisions. Community Corrections providers and board decision making processes could be improved if they had access to institutional staff recommendations regarding an offender's appropriateness for community placement.*

16. ***Refusal of Placement and Referral:*** *Current law (18-1.3-301(j)(2), C.R.S.) allows offenders to refuse a placement in a community corrections program. As an extension of this practice, offenders may also refuse a referral to community corrections. The CDOC information system contains a large number of situations, recently reported as much as 58 percent, where inmate records show a refusal for community corrections referral and placement.*

17. ***Data Integrity Issues – Offender Refusals:*** *This overall phenomenon may limit the number of placements to community corrections in a falsely negative way. The refusal phenomenon is a function of several different factors according to recent (2017) meetings with key stakeholders:*
    a. *Inmates legitimately refusing placement in community corrections for various reasons;*
    b. *Verbal reports that institutional case managers advise inmates to refuse placement in light of potential release by the Parole Board;*
    c. *Reports that inmates may not be afforded an option for community corrections and being coded as "refusing" in the data system;*
    d. *It is plausible that some CDOC institutional programs require offenders to sign a refusal for placement in community corrections in order to participate in the institutional program;*
    e. *Potentially previous refusals remaining on the case record permanently; and*
    f. *A detainer, which makes someone ineligible for community corrections referral, showing up as an inmate refusal in the data system.*

18. ***Detainers/Warrants:*** *Many inmates are held back from placement in community corrections due to detainers and warrants from other aspects of the criminal justice system in Colorado and in other states.*

19. ***Clinical Assessment Barriers:*** *Currently there is no single assessment-based identifier for inmates who meet clinical criteria for RDDT placement. As a result, referrals to RDDT beds are not targeted nor are they driven by assessment-based criteria. Rather, community corrections boards and providers must assess and identify inmates for placement in RDDT beds once they have already been accepted into community corrections. In jurisdictions where RDDT services are available,*

this is less problematic. However, this leaves gaps where dually diagnosed inmates are not intentionally referred or designated by CDOC staff for placement in RDDT beds in community corrections.

20. ***IRT Clinical Identifiers:*** *Once having been referred to community corrections, inmates who are formally assessed as needing IRT treatment are designated for those beds by the CDOC Community Referral Unit. However, there are inmates in prison who are assessed as needing IRT that are never referred to community corrections IRT beds from CDOC institutional staff.*

21. ***Parole IRT and RDDT Placements****: IRT is often used as a graduated sanction for parole behavioral problems rather than a front-end assessment-based initial placement while on transition status. Treatment should not be used as a sanction but as a measure to address risks and needs as soon as they are identified. There is no standardized referral process form for parole IRT and RDDT placements – each provider has their own forms and process.*

2 Please discuss what a realistic utilization target for FY 2018-19 would be for budgeting purposes.

Response: *Table 2A reports the current and projected utilization of community corrections using 7%, 8% and 9% targets. The calculations are derived from the average daily population of Transition offenders divided by the Total Prison Population. The Total Prison Population denominator is calculated by adding the census data from the State Prison Population plus the Private Prison Population from the CDOC monthly population reports.*

Table 2A – Analysis of Transition Utilization Targets at 7%, 8%, and 9%

Statistic	**FY17**	**FY18 10/1/17**	**FY18 12/1/17**
Transition Population *(Actual Average Daily Population)*	1143.4	1096.5	1125.4
Total Prison Population *(State Prison plus Private Prison)*	18153	18078	17800
Actual Percent *(Transition/Total Prison Population)*	6.3%	6.1%	6.3%
Target at 7% of Total Prison Population	1270.7	1265.5	1246.0
Targeted Growth at 7% *(Additional Placements in Community Corrections)*	127.3	169.0	120.6
Target at 8% of Total Prison Population	1452.2	1446.2	1424
Targeted Growth at 8% *(Additional Placements in Community Corrections)*	**308.9**	**349.7**	**298.6**
Target at 9% of Total Prison Population	1633.8	1627.0	1602
Targeted Growth at 9% *(Additional Placements in Community Corrections)*	490.4	530.5	476.6

Both the DCJ and Legislative Council predict a growth in the prison population over the next several years. Given this likelihood, it will be important to forecast a budgetary target to some prison growth scenarios. Table 2B below applies a target of 7%, 8% and 9% of the Total Prison Population given several scenarios where the Total Prison Population increases over time.

Table 2B – Budgetary Target (7%, 8%, and 9%) and Prison Growth Scenarios

Statistic	***Current (12/1/17)***	***Scenario 1***	***Scenario 2***	***Scenario 3***	***Scenario 4***	***Scenario 5***
Estimated Total Prison Population	*17800*	*18000*	*18500*	*19000*	*19500*	*20000*
Current Transition Population	*1125.4*	*1125.4*	*1125.4*	*1125.4*	*1125.4*	*1125.4*
7% Budgetary Target	*1246*	*1260*	*1295*	*1330*	*1365*	*1400*
7% Growth	*120.6*	*134.6*	*169.6*	*204.6*	*239.6*	*274.6*
8% Budgetary Target	***1424***	***1440***	***1480***	***1520***	***1560***	***1600***
8% Growth	***298.6***	***314.6***	***354.6***	***394.6***	***434.6***	***474.6***
9% Budgetary Target	*1602*	*1620*	*1665*	*1710*	*1755*	*1800*
9% Growth	*476.6*	*494.6*	*539.6*	*584.6*	*629.6*	*674.6*

Based on these analyses and the projected growth of the prison population, the Department believes that an 8% target would be an assertive yet reasonable goal to achieve with CDOC over time*. However, it is important to assert the following factors that can influence reaching this goal:*

1) *These goals do not take into account growth or changes in the Diversion, Parole, and Probation populations in community corrections. The degree to which the state courts and parole/probation offices utilize residential community corrections beds more or less in future years will impact capacity (or lack thereof) for transition inmates.*
2) *There is a state budgetary interest in growing the Diversion population in community corrections as well as the Transition population since Diversion offenders are prevented from entering prison, and eventually the parole system. For every Diversion offender placed in community corrections, there is one prison bed and, eventually, one parole slot avoided (assuming successful completion by the offender).*
3) *Some community corrections facilities currently have un-staffed and vacant beds in some jurisdictions. However, not all jurisdictions have un-staffed and vacant beds. Figure A3B (from Addendum Question #3) reports that there are currently 351 open and staffed beds in community corrections across specific judicial districts. Many of the current open and staffed beds are for female-specific programs such as those in Jefferson and Arapahoe Counties.*
4) *A provider will soon be opening a new facility (48 beds) in Lamar, Colorado which will serve the southeast part of Colorado. That will open new capacity in 2018 for offenders who originate from*

the southeast part of the state. The provider can expand beyond 48 beds in the future if needs so warrant.

5) *A facility in Adams County has recently re-opened which will increase utilization in the 17th Judicial District.*
6) *COMCOR, Inc. and Community Alternatives of El Paso in Colorado Springs can grow their staffed capacity if the State of Colorado needs so warrant. Those programs can hire new staff and fill un-staffed beds if the referral and placement trends offer them some security in the needs for their beds.*

3 Please discuss what changes to the current referral process could result in increased transition offenders in community corrections.

Response: *The following are recommendations by the Department, designed to address each of the 21 problem issues presented in Question 1. Some of these recommendations are under current review and consideration by a multi-agency group which is working with the goal of developing and proposing statutory and policy improvements to the overall community re-entry system. These items should not be interpreted as initiatives for which all stake holders agencies have universal consensus. Rather, these are offered as perspectives of the DCJ based on its work since 2012 regarding this issue. DCJ believes that improvement in these areas will lead to positive results in the overall utilization of community corrections capacity for CDOC inmates:*

Division of Criminal Justice and Community Corrections System Improvements - The Division of Criminal Justice believes that if the community corrections system made some improvements in the following areas we would see some positive results

1. ***Ongoing Training/Education - CDOC Institutions:*** *The CDPS should be resourced to provide ongoing training and education to CDOC institutional staff, community corrections boards, and the parole board on the availability of services and capacity in community corrections and innovative approaches to community re-entry strategy.*

2. ***Ongoing Training/Education – Community Corrections Boards:*** *The CDPS should be resourced to provide ongoing training and education to CDOC institutional staff, community corrections boards, and the parole board on the availability of services and capacity in community corrections and innovative approaches to community re-entry strategy.*

3. ***Improved Communication with Parole Board:*** *The CDPS should be resourced to provide ongoing training and education to CDOC institutional staff, community corrections boards, and the parole board about the availability of services and capacity in community corrections and innovative approaches to community re-entry strategy.*

4. ***Structured Decision Making:*** *Community corrections boards should be resourced and required to develop and implement a structured, research-based decision making process that combines professional judgment and actuarial risk assessment tools. This structured decision making process should sort offenders by risk, need and appropriateness for community placement. The DCJ should be resourced to assist local boards in developing these processes and to maintain fidelity and accountability metrics in this regard.*

5. ***Ongoing Feedback/Information Sharing with CDOC:*** *Community corrections boards and programs, in conjunction with the CDOC should develop a communication mechanism to provide appropriate feedback to the inmate regarding the decision to reject placement for a transition referral.*

6. ***Centralized Screening and Acceptance Metrics:*** *For the short-term, CDPS should work with community corrections boards and providers to develop standardized and regular reporting of referral, screening, and acceptance rates along with other key data. Long term, the Community Corrections Information and Billing (CCIB) system should be replaced with a new data system that is able to serve as the central portal for referrals to community corrections which will also serve to track board and provider metrics for their decision making. CCIB should also be replaced with a system that electronically communicates acceptance/rejection reasons back to all referral agencies and collects data accordingly.*

7. ***Coordinated Transportation:*** *The providers and boards should work closely with the CDOC to improve the coordination of moves from institutions to community corrections facilities once beds are available and inmates have been accepted at the local level.*

Statutory Improvements -The Division of Criminal Justice believes that if we received some support from the General Assembly in the following areas we would see some additional positive results.

8. ***Mandatory Initial Referral:*** *The Department believes that the current statutory structure for initial mandatory referrals to community corrections from the CDOC should be improved to adopt a structure that is informed at minimum by inmate levels of risk, need and readiness for community placement.*

9. ***Mandatory Subsequent Re-Referral:*** *The Department believes that the current statutory structure for subsequent/re-referrals should be amended to require subsequent re-referrals to community corrections as opposed to having them discretionary on the part of CDOC institutional staff.*

10. ***Statutory Incentives for Offenders****: The Department recommends some statutory and policy-level improvements made to incentivize inmate placement in community corrections. This can be achieved with more guarantees for parole release as well as possible options to shorten the parole periods once inmates have successfully completed community corrections residential supervision and treatment. Research has supported the notion of incentivizing offender behavior with reinforcements and rewards for desired targeted behavior.*

External Partner Agency Improvements – The Division of Criminal Justice believes that if we received some support from partner agencies in the following areas we would see some additional positive results.

11. ***Regulatory Collaboration:*** *The CDPS, CDOC, and Parole Board should work with CDHS to examine waivers or modifications to existing regulatory requirements that serve as a barrier to maximum utilization of IRT, RDDT, and TC beds in community corrections.*

12. ***Quality of Referral Information:*** *In line with a 2015 recommendation of the Community Corrections Task Force (CCTF) of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), the CDOC should provide a community referral packet which should include, but not be limited to: current validated actuarial offender risk and need information, projected release dates,*

prior supervision outcomes, institutional conduct, programming completed, verified re-entry plan, victim statement if Victim Rights Act (VRA), individualized recommendations concerning the appropriateness of placement in the community, and the Parole Board Action Sheet. The CDOC should also prepare a comprehensive Community Reintegration Referral Report that contains updated and valid information from formal actuarial and instrument-based assessment of risks/needs/responsivity and treatment intensity based on 16-11.5.102, C.R.S. and related sections for Standardized Offender Assessment and Treatment. The CDOC should perform formal assessments and re-assessments such that assessment information is no more than 12 months at the time of referral, if possible. Local community corrections providers and boards which must authorize a referral for community placement believe that such detail is necessary for their decision making practices.

13. ***Improved Decision Support Information Systems****: The referral programming within the new CDOC offender management information system (eOMIS) is currently in the design phase and is anticipated to incorporate the necessary and updated information required for release planning and decision making. It will include the ability to provide quality assurance based on built in business rules. Additionally, it will provide an ability to edit records as well as a narrative function that will speak to offender behavior, progress, or regressive states.*

14. ***Notifications for Re-Referral:*** *The Department recommends that the impending improvements to the CDOC information systems are designed to incorporate formal notifications to institutional staff when subsequent re-referrals are appropriate.*

15. ***Institutional Recommendations for Community Re-entry:*** *The Department recommends that, in accordance with a 2015 recommendation of the Community Corrections Task Force (CCTF) of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), the CDOC should develop a process that allows appropriate personnel familiar with the offender to provide a current recommendation, positive or negative, based on objective factors, for community placement.*

16. ***Data Integrity– Offender Refusals:*** *If possible, it may be advantageous if the CDOC investigated the prevalence rate of offender refusals to community corrections and discern the degree to which those in the data system are current and valid rather than erroneous coding of refusals.*

17. ***Detainers/Warrants:*** *The Department recommends that the CDOC investigate the prevalence of warrants and detainers to discern which could be addressed safely while in community placement and which should be addressed before being released from prison facilities to the community.*

18. ***Clinical Assessment Improvements:*** *The Department should work closely with the CDOC and the CDOC clinical staff, and community providers and boards to develop a single identification process for clients who would benefit from RDDT.*

19. ***IRT Clinical Identifiers:*** *The Department should work closely with the CDOC and the CDOC clinical staff, and community providers and boards to develop a single identification process for clients who would benefit from IRT while on Transition rather than Condition of Parole status.*

20. ***Parole IRT and RDDT Placements:*** *The Department believes that the CDOC Parole Division and CoreCivic staff should develop means to refer parolees to IRT and RDDT placement upon assessment of risks and needs rather than using treatment as part of a graduated sanctioning model.*

CDPS should develop a standardized referral form for IRT and RDDT beds and require all providers to use the standardized form to ease inefficiencies in parole-based placements.

4 Please discuss the relationship between the number of available beds and the ability of providers to staff the facilities. What issues exist that limit a provider's staffing ability? Does the geographic location of a provider affect their ability to hire and keep staff?

Response: *Since community corrections programs are funded on a per-person, per-day compensation rate, there is inherent incentive for all providers to reach their maximum capacity. Simply put, more offenders placed in the facilities results in increased revenues to the providers. Once the economies of scale are reached, it is plausible to believe that the per-offender/per-day costs are decreased which benefits larger providers.*

The current staffing levels are set by providers to sustain their existing movement of offenders in and out of their residential programs. Providers are hesitant to take the risks of hiring additional staff above and beyond their current average daily population without some assurance that referrals and placements will support the cost of hiring additional staff. From the supply/demand perspective, the supply of staffed beds is driven by the demand of the referral agencies. Lower demand warrants a lower level of supply (staffed beds) and vice versa (up to the maximum physical capacity).

The geographic location of providers, at least anecdotally, has some indirect impact in their staff selection, hiring, and retention abilities. However, all providers seem to have varying levels of challenge with staff recruitment and retention. Following are examples and illustrations in this regard:

1) ***Metro Area:*** *The unemployment rate in the Denver metropolitan area has recently been reported at 3% with substantially fewer job seekers compared to substantially greater number of open jobs. Employers are competing for a very small number of job-seekers. The provider of a female-specific program in Arapahoe County (18th Judicial District) reports no significant problems with recruiting and retaining staff for the program. However, that program is very under-utilized with well over 100 open beds for female offenders.*
2) ***Northern Colorado:*** *Larimer County reports that they have had long-standing challenges recruiting appropriately credentialed clinical and case management staff for their IRT, RDDT, and regular residential programs.*
3) ***Southern Colorado****: The provider in the San Luis Valley (Alamosa) reports similar challenges with recruiting and retaining appropriately credentialed clinical and case management staff for their IRT programs. The facility in Pueblo also reports challenges with meeting minimum education requirements for case managers in the Pueblo area along with meeting salary expectations.*
4) ***Western Slope:*** *Similar to Larimer County, the program in Mesa County reports that they have had long-standing challenges recruiting appropriately credentialed clinical and case management staff for their IRT, RDDT, and regular residential programs.*

Staff retention in community corrections is a long-standing and continuing challenge for providers and the system overall. Staff in community corrections overall earn lower salaries compared to probation officers,

parole officers, and CDOC entry level correctional officers while managing much more difficult populations than all other community supervision agencies. Clinical staff in community corrections make salaries comparable to community providers but have much more regulatory and fiduciary challenges when working with justice-involved populations. Figure 4A reports salary comparison data that was reported to the JBC in 2014 during the budget hearing for the Department. These retrospective data illustrate the challenges that providers have faced in offering competitive salaries.

Figure 4A – 2014 Salary Comparisons (Community Corrections vs. Other Agencies)

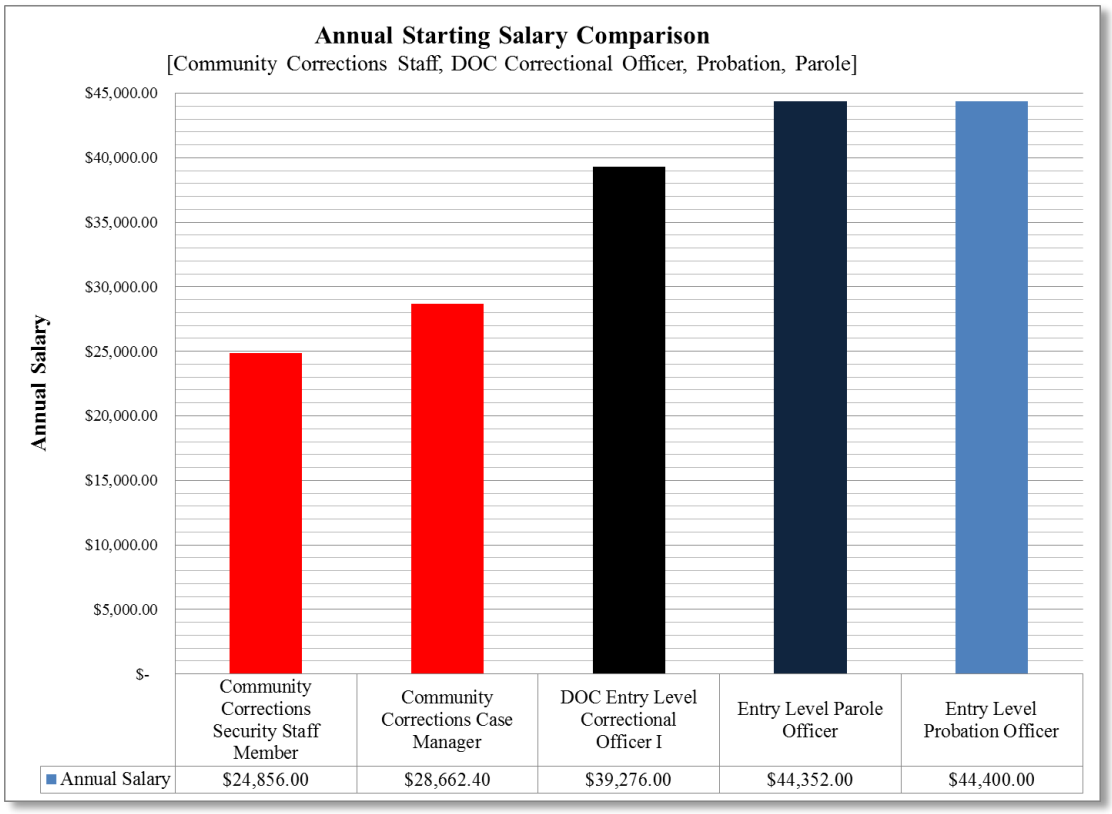


Figure 4B provides 2016 salary data on a sample of eight community corrections facilities from various organizational structures. Figure 4B illustrates that, at least in this sample, the county-owned programs have considerably higher salaries and higher staff retention than other types of provider agencies. Figure 4B, when compared to Figure 4A illuminates potential increases in staff salary levels from 2014 to 2016.

Figure 4B – Average Salary Levels by Organizational Type (Sample of 8 providers)

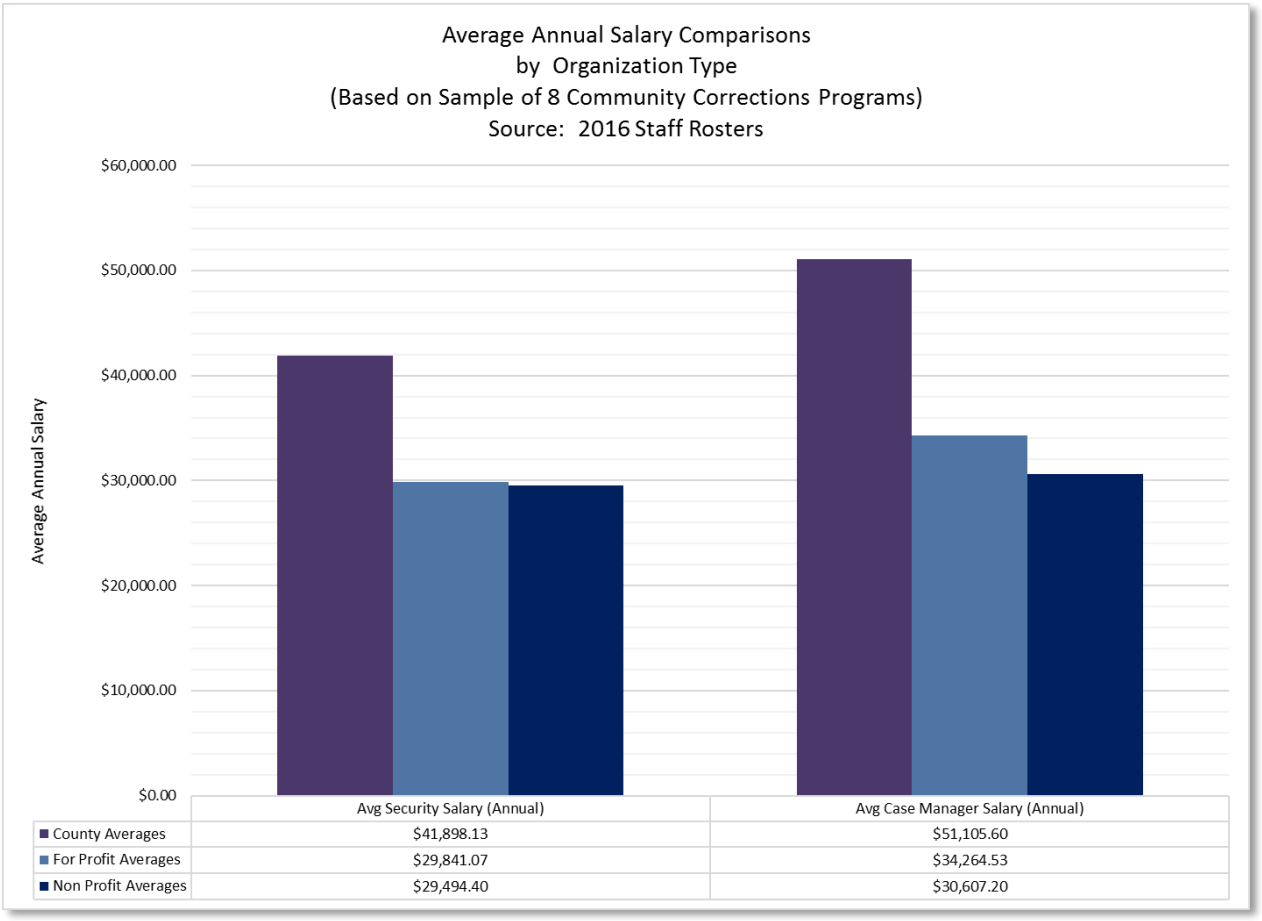
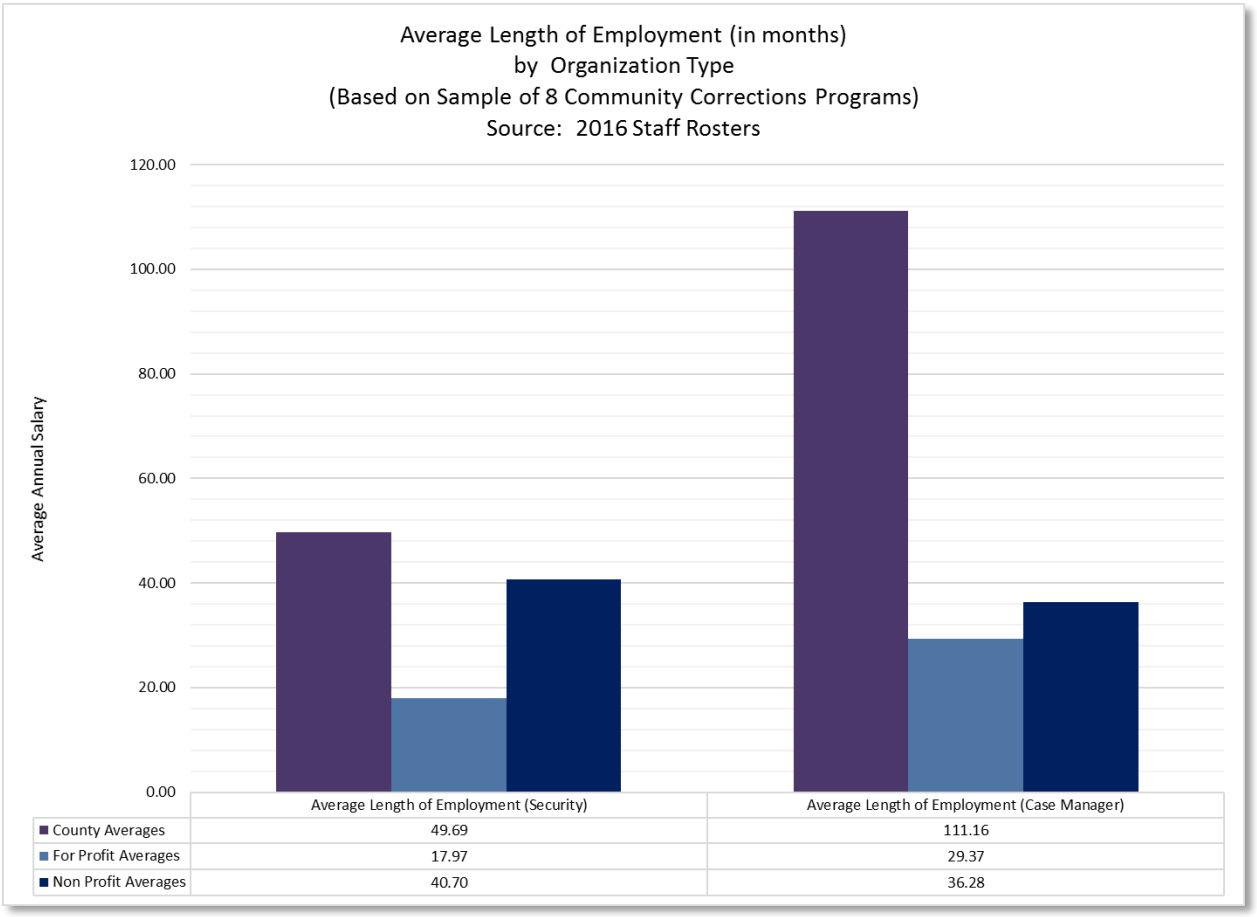


Figure 4C shows average length of employment metrics for the same sample of eight providers in 2016. Figure 4C illustrates that staff retention in county-owned programs is considerably higher than other types of provider agencies.

Figure 4C – Average Length of Employment by Organizational Type (Sample of 8 providers)



5 Please discuss the impact of the reduction in utilization on providers.

Response: *Since community corrections programs are funded on a per-person, per-day compensation rate, there are inherent benefits for all providers when reaching maximum capacity. Simply put, more offenders placed in the facilities results in increased revenues to the providers. Once the economies of scale are reached, it is plausible to believe that the per-offender/per-day costs are decreased, which benefits larger providers. From this perspective, decreases in utilization can adversely impact provider revenue streams, especially for smaller and locally-owned providers such as Independence House, Advantage Treatment Center, and Intervention Inc. which don't reach the same economies of scale levels as larger corporate organizations which benefit from centralized administrative functions such as payroll, human resources, and accounting across much larger staffing levels within the organization.*

2:25-2:50 FUNDING FOR COMMUNITY CORRECTIONS

Presenters:

- Glenn A. Tapia, Director of Community Corrections, Division of Criminal Justice
- Joe Thome, Division Director, Division of Criminal Justice

6 Please provide an overview of the PACE tool. As part of the overview please include:

a. How the PACE tool will measure results;
b. The basis for the PACE tool;
c. If needed, how the PACE tool can be adjusted based on the initial base line scores;
d. How the tool was developed and how the tool was validated.

Response:

Initial Development: *The Program Assessment for Correctional Excellence (PACE) began as a collaborative effort in 2014. Stakeholders from community corrections boards and providers, sitting on what was then called the Evidence-Based Practice Statewide Steering Committee, came together and began to develop the items and metrics for the initial prototype of the PACE. After 2 years and a great deal of effort on the part of this committee, eventually a consultant was brought in to further develop, finalize and validate the PACE. The consultant chosen was Brad Bogue and his partners at J-SAT, a national consulting company specializing in correctional evidence-based practices. The Factors within the PACE are based on the National Institute of Corrections Principles of Effective Intervention. Mr. Bogue was one of the original authors of this seminal work on the implementation of evidence-based practices in community corrections. The Principles of Effective Intervention were initially developed in 2004 through an exhaustive review of the relevant research in the field regarding what practices were most effective at reducing recidivism among community-based correctional populations. With the support of Mr. Bogue and his team, the DCJ built from this work and identified specific and dynamic practices that would demonstrate the degree to which programs had implemented these Principles.*

Dynamic Contents of PACE tool: *Ultimately this collaborative work resulted in the current PACE tool which contains 7 factors directly aligned with the National Institute of Corrections - Principles of Effective Intervention. The tool is made up of 22 items spanning these 7 factors and more than 85 metrics that comprise the 22 items and 7 factors. These metrics and items all measure dynamic factors which research demonstrates lead to improved recidivism outcomes for clients when implemented effectively. In addition to the 7 primary factors measured through the PACE tool (Risk/Need Assessment, Enhance Intrinsic Motivation, Target Intervention, Skill Train with Directed Practice, Increase Positive Reinforcement, Respond to Violation Behavior with Effective Practices, Engage Ongoing Support in Natural Communities), the PACE process also includes an evaluation of each program's Capacity for Implementation. This information is used to help programs develop strategies to support improved evidence-based practice implementation through some of the aspects of Implementation Science. The PACE is intentionally and necessarily dynamic, meaning that it can measure program growth and progress over time regarding the degree to which they have effectively implemented appropriate evidence-based practices.*

Validation Methods: *Through the initial development of the tool with Brad Bogue and J-SAT, one of the primary objectives was to ensure that the PACE tool had valid content. To this end, a new literature review was undertaken and a total of 422 high quality published research studies, pulled from the fields of criminology, behavioral health and implementation science, were identified to support the content of the PACE. Additionally, the structure of the PACE and the rigor with which data is collected and documented was developed specifically to ensure that once a statewide baseline is completed, a predictive/outcome validity study of the PACE could be conducted. Funds for this validity study have not yet been requested by the Division. As a matter of procedure, given the budget cycle and the timeline for baseline completion, the initial budget amendment to launch the PACE did not include funding for the predictive validity study. However, it has always been the intent to request these funds when it was appropriate and the statewide baseline measurement was completed. The primary intention of this outcome study will be to determine the degree to which the PACE overall, as well as items and sub-items, are predictive of client outcomes (i.e. if higher scores on the PACE relate to improved outcomes, both short term and long term, for clients). This will help determine which elements of the PACE are measuring what they intended to measure and which may need to be modified and/or removed to improve a revised PACE for future program evaluations.*

Evidence Based Principles and Practices*: Each item within the PACE was carefully selected after an extensive review of the research. Only those practices which demonstrate the effective implementation of proven evidence-based principles were included in the final PACE. These practices are those which, if implemented fully and effectively by programs, can and will reduce recidivism among clients. The PACE was also designed not only as a mechanism for program measurement, but as a tool which can help programs to improve practices over time.*

7 Please discuss if 4.0 term limited FTE would be sufficient to evaluate all community corrections providers with the Program Assessment for Correctional Excellence tool by the end of FY 2018-19.

Response: *While 4.0 term-limited FTE would not be sufficient to evaluate all community corrections programs by the end of FY 2018-19; it would be sufficient to complete the baseline evaluation by the end of Calendar Year 2019 for Performance Based Contracting (PBC) implementation in Calendar Year 2020 (Fiscal Year 2019-2020). The additional six months would be needed in order to account for initial hiring timelines and training requirements once the budget is approved and signed into law. Specifically, if funds for the 4.0 FTE were allocated beginning in FY 2018-19, it would likely take DCJ three months to bring new staff on board (e.g. October 2018). This delay is standard and accounts for time to post the positions, the testing and interview process and the subsequent required background check and polygraph before new hires can begin work. The PACE tool is grounded in fidelity to evidence based principles and practices; and as such, requires extensive training and controls to make sure evaluators are consistent, fair, and skilled with the rather complex fidelity measures. Once the new FTE begin work, effective on-boarding and training will be critical. The content and proper execution of the PACE requires highly specialized knowledge and skills which are not readily available within any general applicant pools. Accordingly, in order to perform PACE related duties effectively and for evaluation staff to maintain internal consistency in measurement, extensive training and practice are needed prior to conducting formal evaluations with the PACE tool. Currently, as a result of recent staff turnover, the Division is working in conjunction with Brad*

Bogue (J-SAT) to develop an on-boarding and training process which will take staff a minimum of two months to complete all requirements.

Given these realities, DCJ is concerned that one-year term limited positions would not attract an appropriate and qualified applicant pool, which could further delay hiring and training and thereby set back the timeline further. Additionally, while the baseline evaluation is a critical first step for the PACE itself and ultimately for the initiation of Performance Based Contracting, for either to be truly effective, on-going and regular evaluation will be essential. Programs must be given the opportunity to demonstrate performance improvements over time. This not only will require on-going evaluation with the PACE, but also technical assistance and support from the Division to help programs plan for and implement these improvements. This means not only thinking about PACE measurement and feedback in the short term, but what the process will look like in the longer term.

However, assuming 4.0 term limited FTE could be hired and trained in accordance with the above timeline, these staff would begin formal evaluation work in late 2018/early 2019. This would allow for the completion of the statewide baseline by December 31, 2019 which is within the FY 2019-2020 timeframe. Accordingly, this would position the Division to be able to implement performance incentives by the end of FY 2019-20 under the proposed Performance Based Contracting model.

If it is the desire of the JBC and the General Assembly to implement Performance Based Contracting in the year 2020 and sustain it permanently based on a 2-year baseline evaluation cycle, the Department would respectfully request that the committee consider the risks of temporary FTE as follows:

1. *Temporary positions will result in extremely difficult recruitment to fill the positions given the current state of low unemployment in Colorado and due to the highly specialized and unique nature of the PACE evaluator positions.*
2. *With term-limited FTE, the Division will experience difficulty not only recruiting and hiring staff, but will certainly lose the staff well before the term expires. Its plausible that who accept a term limited position will need to begin to look for permanent work immediately. If offered a permanent position elsewhere during the limited term, the Division will not be able to fulfill the PACE baseline work on the proposed schedule. This will, of course, set back the baseline process for several additional months while the vacancy is filled which could extend beyond the limited term. With permanent positions intact, the Department could commit to much more frequent (bi-annual) evaluation cycles which provide a fairer opportunity to providers to demonstrate improvements in their performance levels every 2 years.*
3. *Temporary, rather than permanent FTE limits the Divisions ability to provide ongoing technical assistance and training to providers to assist them in improving their evidence-based risk/recidivism reduction practices.*

8 Please discuss how the PACE tool can be used to help inform Parole Board decisions or Department of Corrections referrals.

Response: *The Department understands this question relative to the potential of the PACE tool to be used by the State Parole Board or the CDOC to select specific programs when making referrals to community corrections. The Department also understands this question to inquire about the potential for treatment-matching for offenders into specific community corrections programs.*

The PACE tool is intended to show a profile of each community corrections program and the degree to which their practices adhere to the Principles of Effective Intervention (National Institute of Corrections). Over time, the Division of Criminal Justice and stakeholder or referral agencies may be able to use program performance as a means to make decisions about the best program that may match the risk/need typologies among groups of offenders with similar risk/need profiles. For example, a high risk offender may be better matched to a higher performing program that provides strong levels of evidence-based risk and recidivism reduction practices by virtue of the PACE tool. Conversely, a medium risk offender may be better suited for programs that are still working to increase their risk and recidivism reduction performance.

By law, the State of Colorado and DCJ have long-embraced treatment matching for substance abuse since the implementation of H.B. 91-1174. The DCJ requires programs to assess for risk, need, and substance use severity and to match offenders to their assessed level of treatment when services are locally available. Figure 8A below reports the substance abuse treatment matching statistics for offenders who terminated community corrections in FY2011 and FY2012 (n=8208) against those who terminated in FY2014 through FY2016 (n=14073). Figure 8A shows that a majority of the offenders placed in community corrections (80% to nearly 86%) are matched to the clinically appropriate level of treatment.

Figure 8A – Substance Abuse Treatment Matching Outcomes in Community Corrections

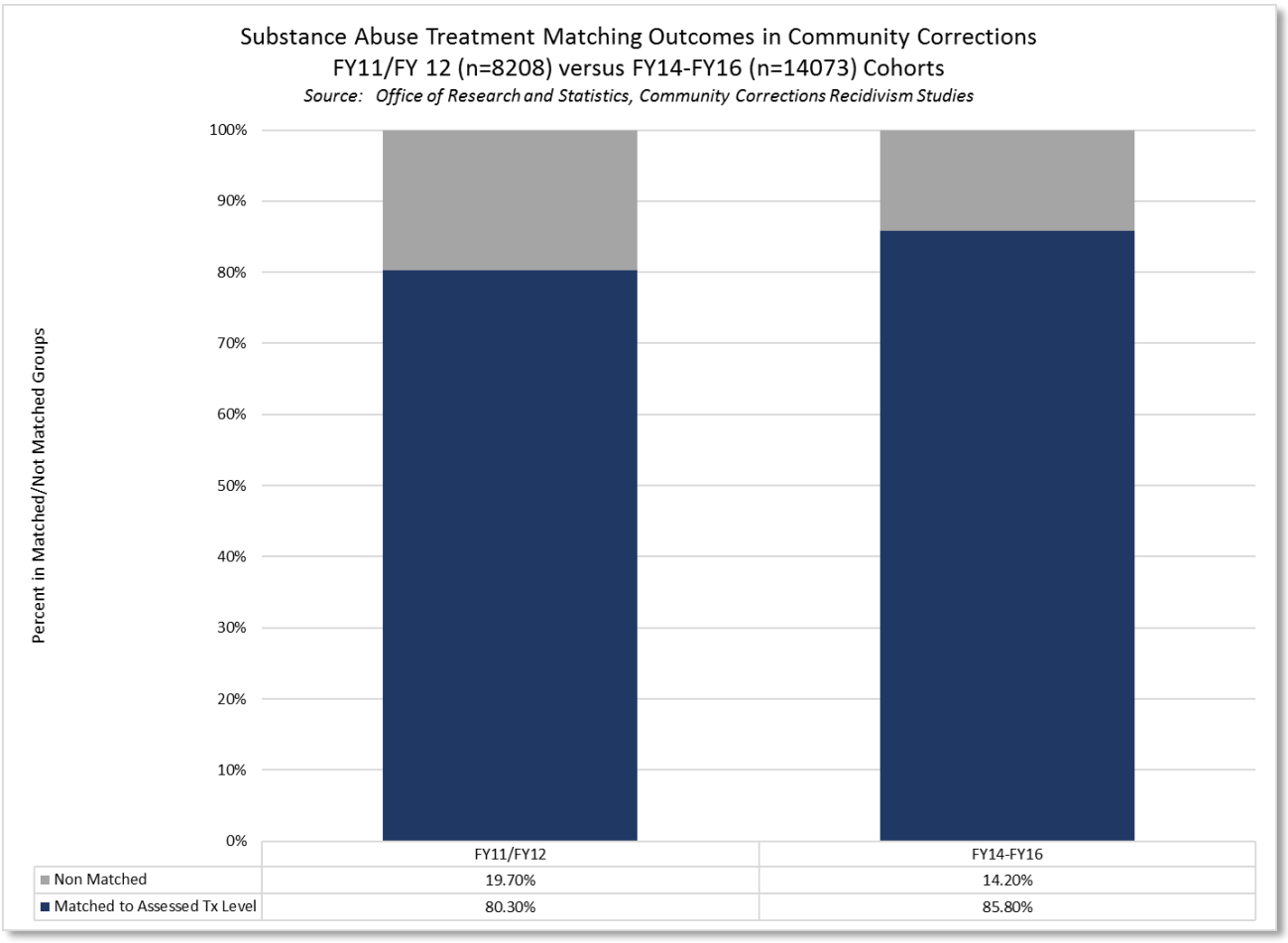


Figure 8B – 12-Month Recidivism Rates by Treatment Matching Outcome

Figure 8B reports the 12-month post-release recidivism rates for offenders who were matched to the assessed level of substance abuse treatment against those who were not matched. Recidivism is defined as any new misdemeanor or felony filing of criminal charges for those who successfully completed residential community corrections supervision. Figure 8B illustrates that 12-month recidivism is reduced by as much as 24% when matching offenders to assessed levels of risk and need.

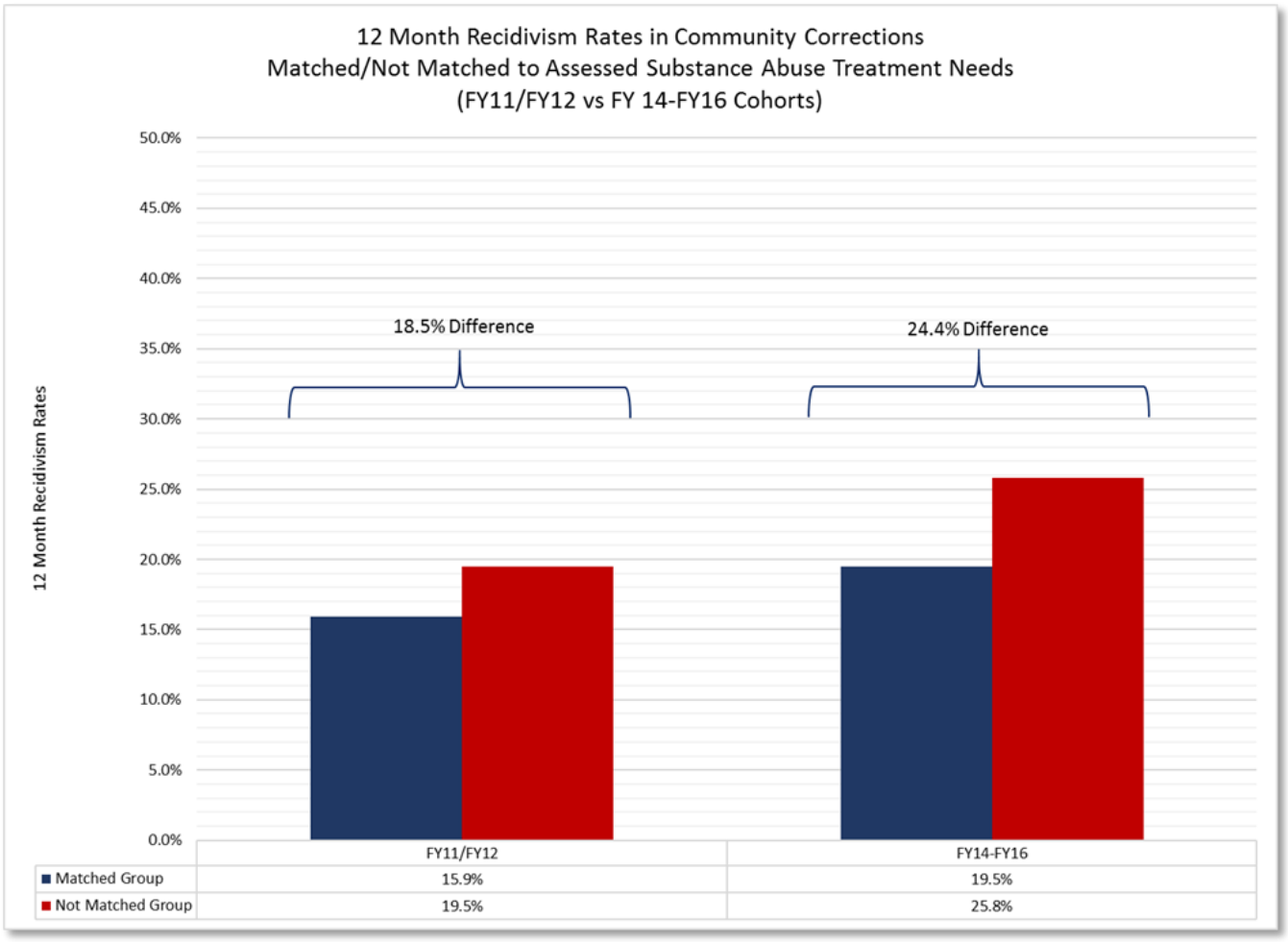
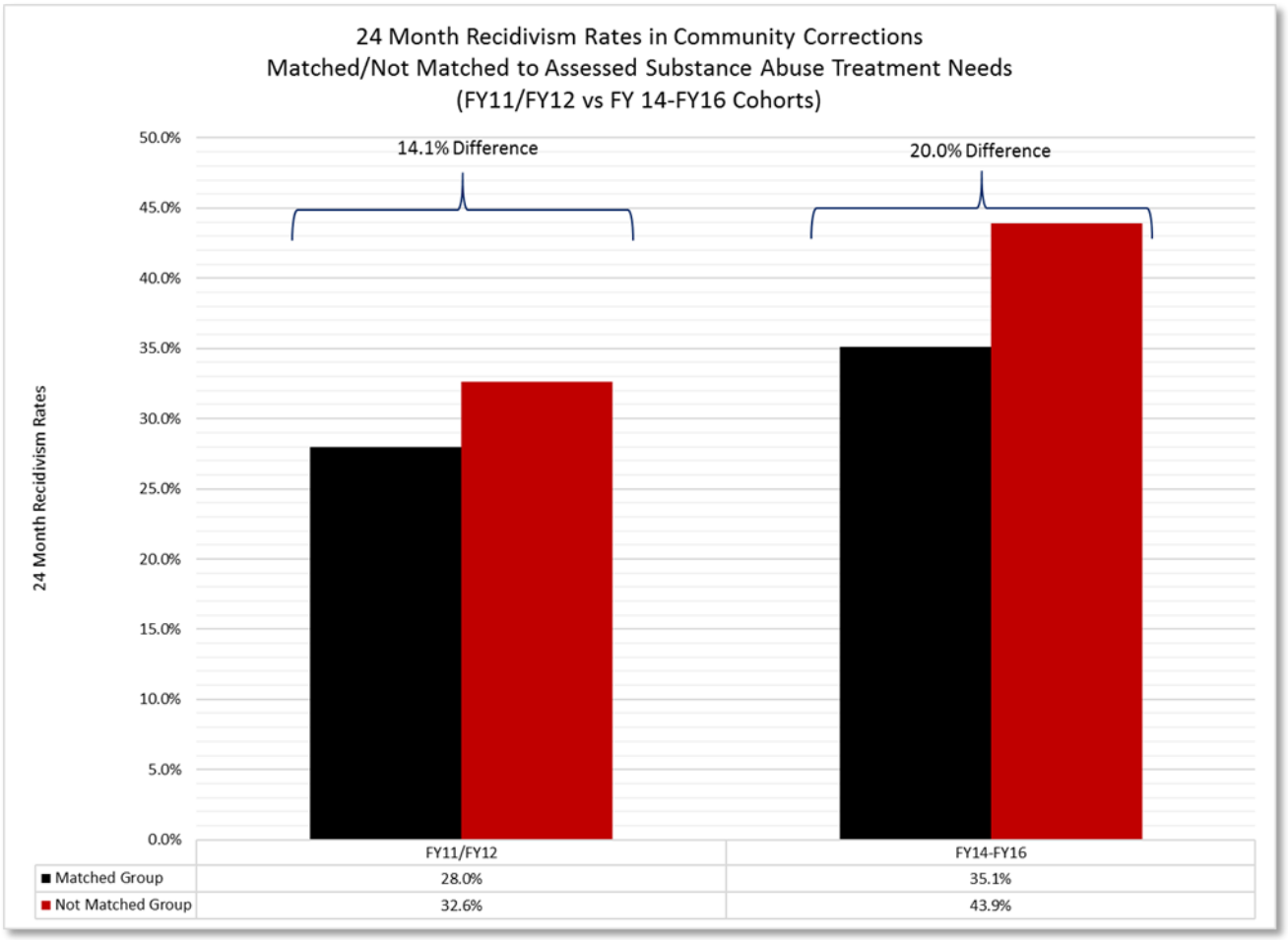


Figure 8C reports the 24-month post-release recidivism rates for offenders who were matched to the assessed level of substance abuse treatment against those who were not matched. Recidivism is defined as any new misdemeanor or felony filing of criminal charges for those who successfully completed residential community corrections supervision. Figure 8C illustrates that 24-month recidivism is reduced by as much as 20% when matching offenders to assessed levels of risk and need.

Figure 8C – 24-Month Recidivism Rates by Treatment Matching Outcome



Community Corrections has several inpatient treatment programs for higher risk offenders with assessed needs in substance abuse, dual diagnosis, and criminal thinking. Each of these programs are required, by contract, to only accept offenders who are clinically appropriate for inpatient levels of treatment. Programs are required to assess offenders upon intake to make sure they meet the clinically appropriate setting and intensity of treatment. If the results of assessment are incongruent with the treatment program, they may not accept a person into that level of care.

The aforementioned data pertain to treatment matching at the level of the individual person. Some judicial districts have been contemplating the degree to which community corrections boards can match offenders to specific facilities based on common risk/need profiles or offender risk/need typologies. The 2nd Judicial

District, for example, has 10 programs and has available to them all of the regular and specialized programs offered in community corrections. The board in the City and County of Denver directs certain referrals to its Therapeutic Community programs, IRT programs, RDDT programs, and its CBT pilot program. Beyond this current practice, the board in the 2nd Judicial District is evaluating the degree to which they can further match referrals to its regular (non-specialized inpatient) treatment programs according to the risk/need typologies of the offenders who are targeted for regular residential programming. While the structured decision making technology is not quite fully developed in order to do this, the Denver board has plans to continue reaching this long-term objective. Such a practice would only work in communities that have a more expansive menu of facilities available. As an example, jurisdictions such as Weld, Pueblo, and Alamosa counties only have a single facility to choose from. As a result, matching offenders to specific facilities is not feasible in these situations.

9 Please provide an overview of risk informed measures that would be used as part of performance based contracting.

Response: *At the request of the General Assembly, the Department worked with the Governor's Community Corrections Advisory Council in 2015 through 2016 to develop a formal model for Performance Based Contracting for community corrections. The model uses three general areas to comprise an overall construct of provider performance as follows:*

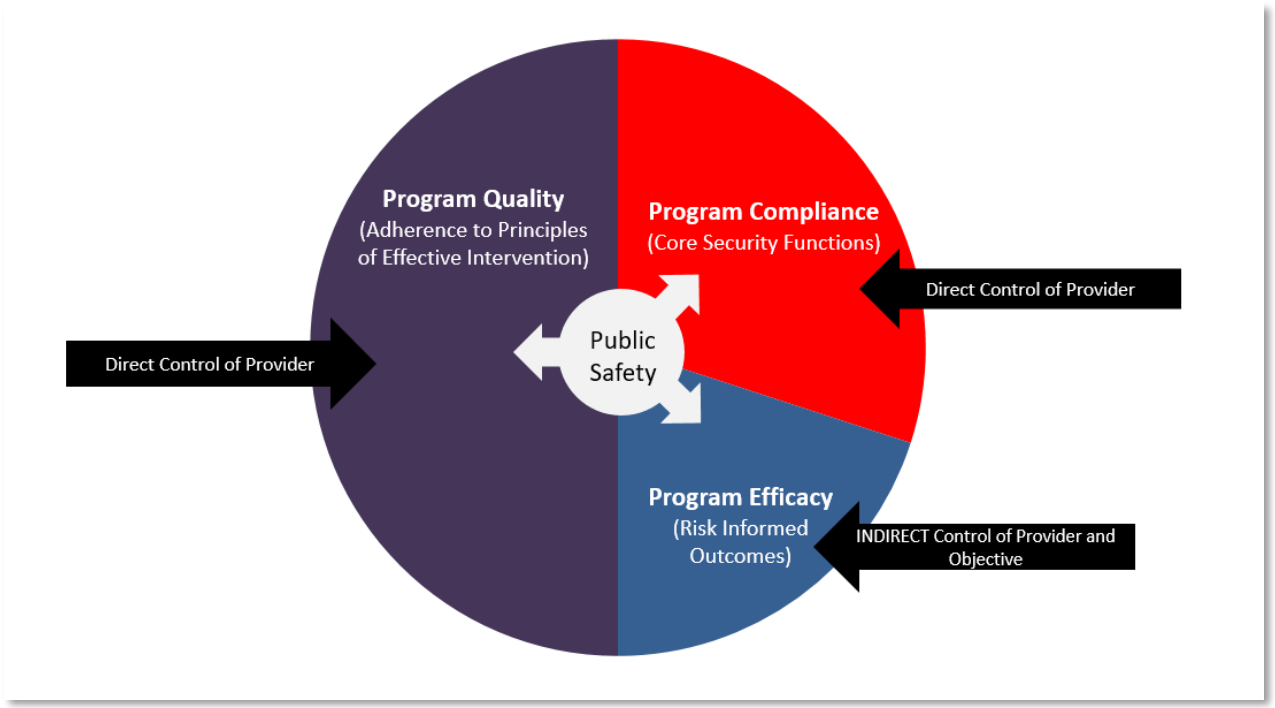
- ***AREA 1: Adherence to Evidence Based Principles of Effective Intervention*** *– this will be measured by the PACE tool and will comprise approximately 50% of the overall providers' scores for performance.*

- ***AREA 2: Compliance with Core Security and Public Safety Standards*** *– this will be measured by DCJ and community corrections board audits on the core security and supervision standards. This area will comprise approximately 30% of the overall providers' scores for performance.*

- ***AREA 3: Risk Informed Outcomes*** *– this will be measured objectively by evaluating short-term and long term outcomes of community corrections in the areas of success rates, failure rates, and post-release recidivism. This area will comprise approximately 20% of the overall providers' scores for performance.*

Figure 9A illustrates a graphical representation of this overall construct of provider performance in the current model for Performance Based Contracting.

Figure 9A - General Definition of Overall Performance
[Current Performance Based Contracting Model]
(Governor's Community Corrections Advisory Council, 2016)

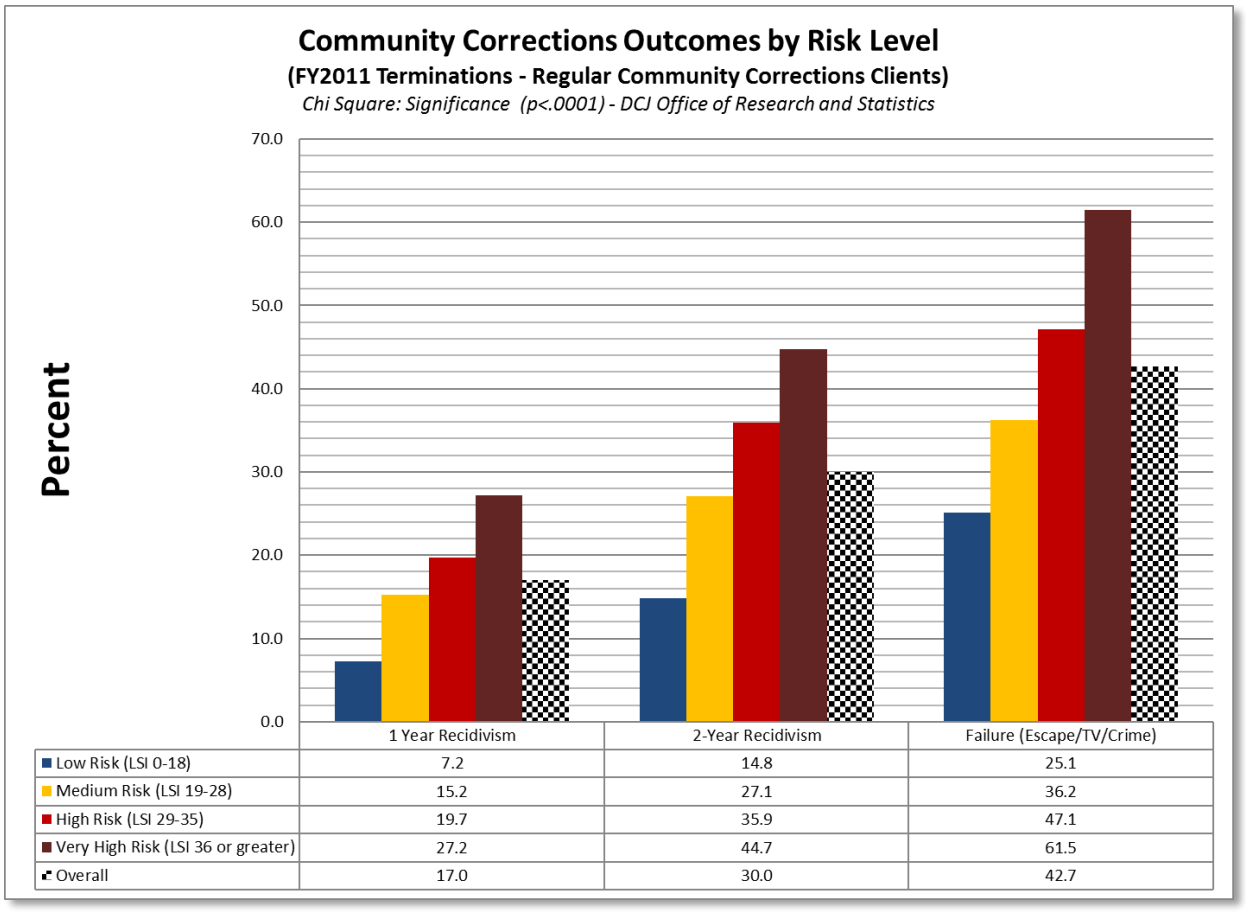


The risk-informed outcome measures, as currently envisioned includes measurement of the following statistics:

1. ***Risk-Informed Recidivism Rates***
2. ***Risk-Informed Success Rate***
3. ***Risk-Informed New Crime Rate***
4. ***Risk-Informed Escape Rate***

The premise for this model for risk-informed outcomes is based on long-established statistical relationships between the risk level of the population in each facility and their short and long-term outcomes. It has long been established that offenders with higher levels of assessed risks/needs have higher levels of short term and long-term failure in community corrections. Figure 9B shows the statistical relationships in this respect.

Figure 9B – Community Corrections Outcomes by Risk Level



	1 Year Recidivism	2-Year Recidivism	Failure (Escape/TV/Crime)
Low Risk (LSI 0-18)	7.2	14.8	25.1
Medium Risk (LSI 19-28)	15.2	27.1	36.2
High Risk (LSI 29-35)	19.7	35.9	47.1
Very High Risk (LSI 36 or greater)	27.2	44.7	61.5
Overall	17.0	30.0	42.7

Accordingly, it is plausible that programs with higher risk offenders would have higher rates of failure among their offender population. With that fact established, the fairest and most judicious method would be to statistically control for the offender risk level within each facility to better understand and report a single provider's short and long term outcomes. The formula for each of the 4 risk-informed outcome measure is established below in this regard.

1. ***Risk-Informed Recidivism***
   - *Formula: Facility Recidivism Rate / Average LSI Score of Offenders in Facility*
2. ***Risk-Informed Success Rate***
   - *Formula: Facility Successful Completion Rate x Average LSI Score of Offenders in Facility*
3. ***Risk-Informed New Crime Rate***
   - *Formula: Facility New Crime Rate / Average LSI Score of Offenders in Facility*
4. ***Risk-Informed Escape Rate***
   - *Formula: Facility Escape Rate / Average LSI Score of Offenders in Facility*

These risk-informed metrics would then be statistically scaled so that programs with better levels of risk-informed outcomes would be rated as having higher performance than similarly situated programs with less effective levels of risk-informed outcomes. Figure 9C reports a general prototype of how this could be scaled.

Figure 9C is established as a prototype and should not be understood as a final or official cut-off points for performance based contract implementation.

Figure 9C – Sample Prototype
for Scaling Risk-Informed Outcomes in Community Corrections

RISK INFORMED OUTCOMES (Annual CCIB Data Collection)					
15. Recidivism Factor (Risk-Informed Recidivism)	.70 or greater	.65 to .70	.55 to .64	.45 to .54	<.45
	⓪	②	④	⑦	⑩
16. Success Factor (Risk-Informed Success Rate)	1499 or less	1500 to 1649	1650 to 1799	1800 to 1999	2000 or greater
	⓪	②	④	⑦	⑩
17. New Crime Factor (Risk-Informed Technical Violation Rate)	.10 or greater	.08 to .09	.05 to .07	.03 to .05	<.03
	⓪	②	④	⑦	⑩
18. Escape Factor (Risk-Informed Escape Rate)	.80 or greater	.65 to .79	.50 to .64	.35 to .49	<.35
	⓪	②	④	⑦	⑩
RISK-INFORMED OUTCOMES OVERALL SCORE		x2		80 Points Max	Percent Score %

10 Please discuss how risked informed outcome measures will be established for small facilities as compared to large facilities.

Response: *In the interest of statewide fairness, consistency and transparency, each of the metrics in performance based contracting will be held constant for all facilities, regardless of bed capacity. There is no real relationship between the size of a facility and its outcomes in community corrections. These data have been presented to the JBC on multiple occasions over the last 8 years showing no real correlations between performance and size. There are some small facilities that are owned and operated by large corporate entities. There are also smaller facilities that are owned by local for-profit and non-profit organizations.*

The Department believes that having different performance metrics for smaller facilities as opposed to larger ones would be rather arbitrary and could unintentionally lead to unfair practices in a statewide performance based contracting model based on internally inconsistent performance expectations among providers.

11 Regarding the staff recommendation to repurpose the Facility Payments line item, how will this impact small providers, and what other factors could be considered when distributing the funds appropriated to the line item.

Response: *There are two aspects to the foundational premise of Performance Based Contracting (PBC) that underlie the model:*

1) *Community corrections providers will be incentivized by money to improve their performance over time.*
2) *Healthy competition is a necessary component of the industry in order to preserve price control and quality control for the consumers of the private sector.*

As consumers of the private sector community corrections services and outcomes in Colorado, the Department believes it, as well as the General Assembly, should embrace PBC implementation for community corrections. The Department also believes that the unique structure of the Facility Payments appropriations provides a valid opportunity for repurposing into a financial performance incentive payment to providers. In contrast with the per-diem reimbursement structure, the Facility Payments appropriations provide for a lump sum payment to the highest performing providers. This structure is advantageous to the PBC model developed by the Governor's Community Corrections Advisory Council in 2015-2016.

The following categorical factors should be taken into account by the JBC when considering this JBC staff-initiated proposal regarding the Facility Payments appropriations.

<u>Potential Risks</u>

1) ***Financial Risks to Smaller Providers:*** *Repurposing the Facility Payments appropriations may indeed adversely impact smaller and locally-owned providers who are currently under-performing. Over time, providers have used the Facility Payments appropriations to increase staff salaries and to hire additional staff to meet the 20:1 required ratio of offenders to case management staff. Taking the current amount of $119,854 from the smaller and under-performing providers might indeed impose financial hardships; especially for those that are locally-owned rather than those who work for larger corporate entities who have much larger revenue streams and economies of scale in their Colorado-based work.*

2) ***Financial Limitations Among Smaller Providers:*** *If an under-performing and smaller, locally-owned provider loses their share of the current Facility Payments appropriations to higher performing providers, it could limit their financial ability to improve performance over time.*

Potential Rewards

1) ***Potential for Increased Revenues for Smaller Providers:*** *In contrast to the above risks, smaller and higher performing providers actually stand to increase their share of the Facility Payments appropriations under the JBC-staffed initiated proposal for PBC. Rather than an equal distribution of the Facility Payments appropriations to all 32 facilities; the Department would re-allocate the $4 million of the Facility Payments appropriations to the highest performing providers on a graduating scale where higher performing providers (regardless of size) earn a larger share of the appropriations. If a smaller provider has worked to increase their performance over the last several years with high quality and evidence-based risk reduction practices, they stand a chance to increase revenue above current levels which helps keep them financially competitive against other larger entities. A fixed payment level represents a higher percent increase in revenue for smaller providers with fewer funded beds.*

2) ***Restoration of Healthy Competition****: Over the last year, the level of competition among providers in Colorado has been diminished as larger corporate entities from out of state have acquired new programs and locally-owned companies. Since Colorado has adopted a community corrections system that is largely privatized, it is crucial to reinstate and re-invent some degree of healthy competition among currently contracted providers. PBC and financial performance incentives to providers helps to restore much-needed competition to a largely privatized field.*

3) ***Mutually Beneficial Opportunities for Specialized Treatment Programs****: Another benefit for PBC implementation through the Facility Payments appropriations is that the Department would give explicit preference to higher-performing providers when awarding contracts for specialized treatment beds in community corrections. The specialized treatment programs are currently awarded competitively; however, the award process lacks any formal structure to award based on objective performance metrics. The specialized treatment programs serve considerably higher risk and higher need offenders in the community corrections system. As compared to offenders on probation or parole supervision, offenders in specialized treatment programs have the highest risk/need profiles of all other forms of community supervision. As consumers of these programs, the Department believes that these contracts should be awarded to the highest performing providers since they supervise more challenging and complex populations. This opportunity presents as mutually beneficial to both the State of Colorado and the community providers. To be specific, the state benefits from higher quality services; while, at the same time, the providers benefit from substantially increased revenue from the specialized program contracts which come with considerably higher per diem rates than regular (non-specialized) residential programs.*

4) ***Adequate Notice to Providers and the Department:*** *Another benefit of the JBC staff initiated proposal is that providers would be given a 2-year advance notice that the Facility Payments appropriations will be repurposed for performance incentives in the year 2020. The Department believes this 2-year period to be adequate and prudent notice to all providers that PBC implementation would occur in FY 2019-2020. This notice allows providers to financially and programmatically plan for that timeframe. It also gives providers some time to implement the new*

Colorado Community Corrections Standards (2017), 46% of which are based in high quality published research.

5) ***Future of State of Community Corrections in Colorado:*** *Nationally speaking, the Department has observed community supervision agencies across the country embracing evidence-based risk and recidivism reduction practices at all levels of government and the private sector. The State of Pennsylvania has embraced a modest PBC model for their community supervision programs. The Department believes that PBC implementation helps to keep the business model for community corrections relevant for the future state of community supervision and puts Colorado at the forefront of performance-based considerations at the policy, budgetary and legislative level.*

Since 2011, all community corrections providers have had equal opportunities for state-sponsored implementation assistance of Motivational Interviewing, the Progression Matrix (CCPM), and the Behavioral Shaping Model and Reinforcement Tool (BSMART). The Department has offered state-supported and federally-supported assistance to providers to improve their service delivery and prepare for implementation of the PACE and eventually, PBC. The Department has also provided implementation science education to provider organizations to help them implement evidence-based innovations. The Department will continue offering support for providers in this regard over time. The JBC staff-initiated proposal to repurpose the Facility Payments appropriations in FY 2019-2020 and to add 4.0 FTE to the DCJ/OCC will accelerate the trajectory and pace of PBC implementation. Overall, the Department believes that the rewards of doing so outweigh the risks of implementation.

2:50-3:00 GENERAL COMMUNITY CORRECTIONS QUESTIONS

Presenters:

- Glenn A. Tapia, Director of Community Corrections, Division of Criminal Justice
- Joe Thome, Division Director, Division of Criminal Justice

12 What is the role of the community correction board in the process? Please provide data on the community corrections boards denial rates.

Response: *The Colorado community corrections model is based on a state/local partnership that originated from the Community Corrections Act (S.B. 74-55). As such, the local government role in community corrections is very central to the statewide model. Each of the 22 judicial districts in Colorado has a community corrections board; most of which are seated in the local (county) government agencies. Statutorily, community corrections boards are charged with the responsibilities to allocate state funds to each of their providers; to monitor and enforce state and local standards for program compliance and quality; and to screen referrals for placement in facilities. The boards, as local government entities, serve a similar role to that of the DCJ in funding, regulation, and technical assistance. However, the local government also serve additional functions that cannot be addressed effectively at the state level.*

Following are the major functions of the local community corrections boards:

- *Zoning to facilitate implementation and sustainability of community corrections;*
- *Garnering local-level political support for the program;*
- *Administer state funds for community corrections;*
- *Assure that providers are compliant with state standards, local standards, and all levels of law;*
- *Serve as initial regulatory agency in cases of complaints from citizens, offenders, families, or crime victims;*
- *Work with local governments to advance community corrections programs (i.e. specialized programs);*
- *Educate, train, and collaborate with communities, local officials, other criminal justice agencies;*
- *Work with local governments to expand zoning and support for community corrections;*
- *Enforce components of the Victims' Rights Amendment (VRA);*
- *Screen referrals for placement into halfway houses to promote public safety.*

Beyond the above responsibilities, some local governments own the real estate within which community corrections programs operate. The following counties own property used for residential facilities for community corrections:

- *Larimer*
- *Mesa*
- *Jefferson*
- *Weld*
- *Garfield*
- *Adams*
- *Boulder*

The data collected at the state-level (DCJ) only pertains to offenders who admitted into community corrections residential programs after the local boards and providers have screened the cases from referral agencies. The Community Corrections Information and Billing (CCIB) system is not structured to collect real-time data on offenders referred to, screened, accepted, and rejected by local providers and boards. Data is only entered into the CCIB system once an offender has been admitted to community corrections. Accordingly, DCJ has no structural ability to report statewide board denial rates to the Joint Budget Committee.

Since the JBC staff briefing, DCJ has requested local acceptance rate data from the boards in Denver and Arapahoe/Douglas counties. Figure 12A below reports a 7-year acceptance rate data trend from the 2nd Judicial District (Denver) while Figure 12B reports current acceptance rate data from the 18th Judicial District (Arapahoe/Douglas). These two judicial districts were selected as a sample because they represent approximately 30% of the overall statewide capacity in community corrections.

Figure 12A – Board Acceptance Rate Data Trend
(2nd Judicial District)

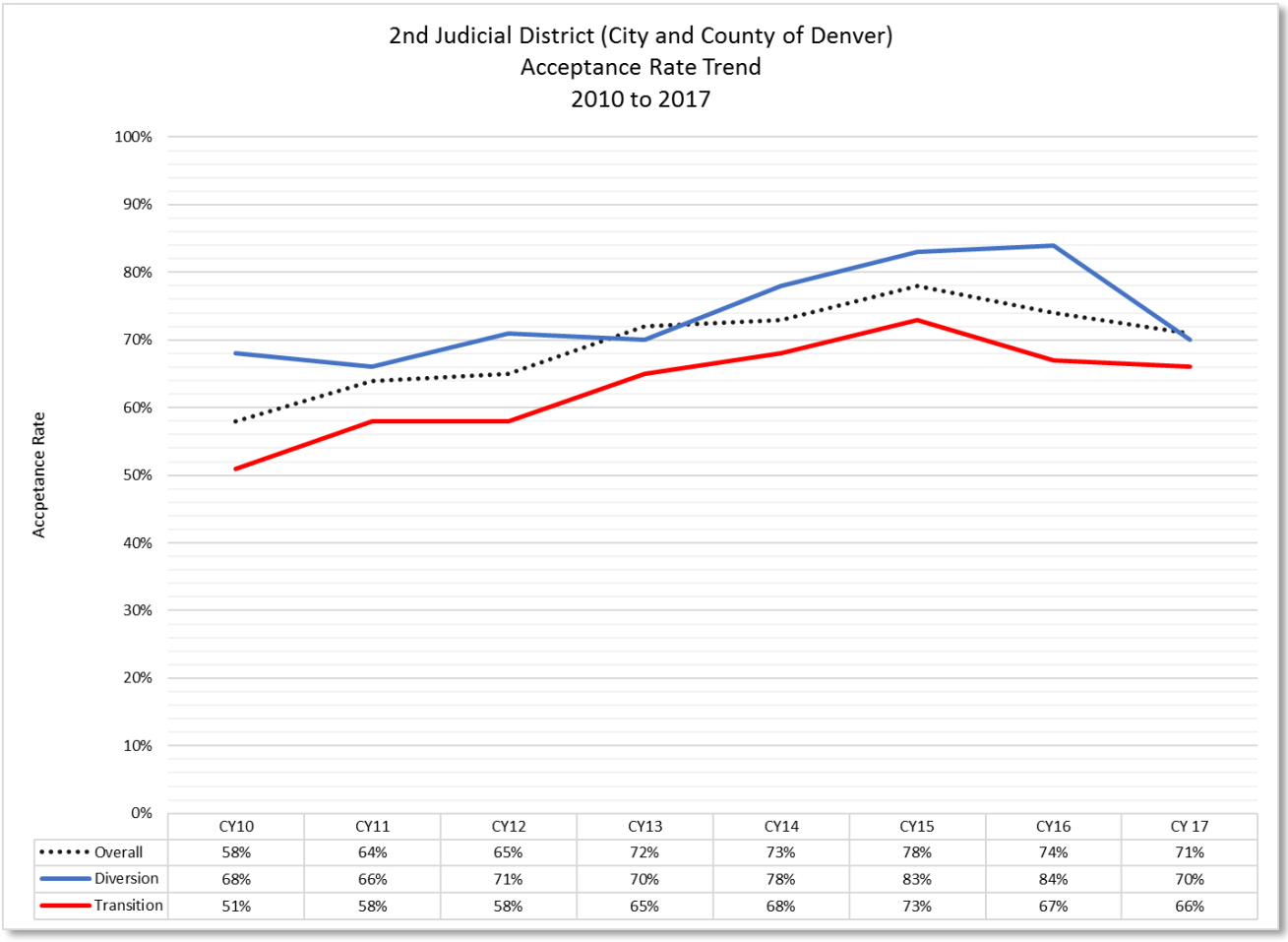
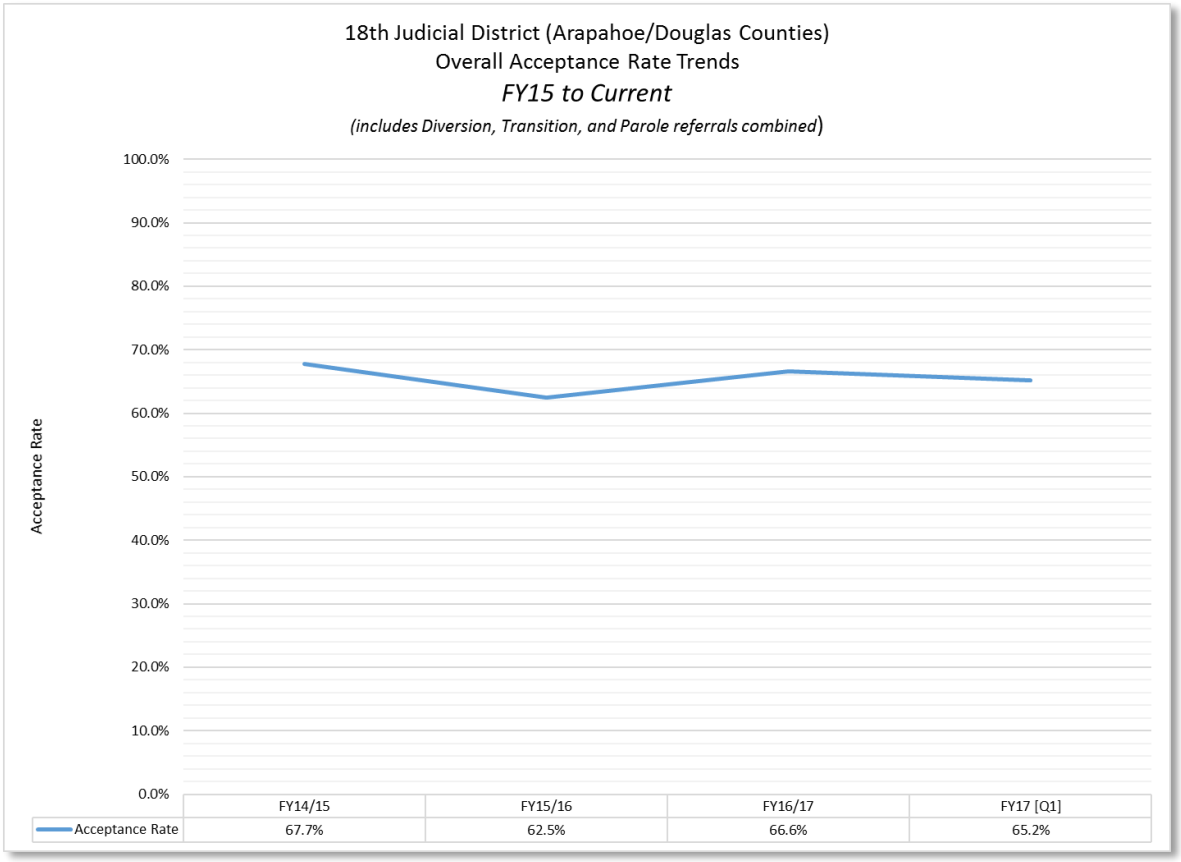


Figure 12B - Board Acceptance Rate Data Trend
(18th Judicial District)



The Department also understands this question to originate from an inquiry about the reasons that local providers and boards reject cases referred to community corrections. In that respect, it is important to understand that, under current law, initial referrals to community corrections from the CDOC are compulsory. As such, they are not formal recommendations by CDOC staff or administration for community placement. Under this current structure, the CDOC must make an initial mandatory referral to community corrections once minimum statutory requirements are met in terms proximity to the Parole Eligibility Date (PED). Violent offenders must be referred to community corrections and may be placed at 6 months prior to their PED. Nonviolent offenders must be referred to community corrections and may be placed at 16 months prior to their PED. Under this structure, the CDOC must refer offenders regardless of their risk level, readiness level or their behavioral conduct in prison. Under the mandatory referral structure, the community corrections providers and boards must discern the degree to which each individual offender is appropriate for placement and services in each community and facility.

Both providers and boards screen and evaluate each referral on a case-by-case basis by considering the information provided from the referral documents. The providers and boards make each individual decision and weigh the appropriate factors. Under the current process, they will either accept or reject a referral if the totality of the circumstances warrants either a rejection or acceptance. Rarely, if ever, is there a single reason for rejection or acceptance.

Following are the major factors that can lead to acceptance of a CDOC referral into residential community corrections:

1. *There exists enough information in the Community Release Form from which to make a placement decision.*
2. *The offender has demonstrated acceptable institutional behavior while in the CDOC institution.*
3. *The offender has participated and has been successful in some CDOC programs and services.*
4. *There are authentic community ties to the judicial district and the parole destination is a viable release destination.*
5. *Previous placements in community supervision have been reasonably successful, especially in the areas of residential supervision.*
6. *The program and overall community has programmatic and therapeutic services that can reasonably meet the assessed needs of the individual offender.*
7. *The victim (if applicable for VRA cases) has expressed no objection to community placement.*
8. *The offender is within 12-15 months of their Mandatory Release Date.*

When considering reasons for rejection, it is important to understand that the community corrections providers and boards must consider that a District Court Judge has sentenced an offender to prison showing a judicial intent for incapacitation and removal from the community. Accordingly, in many cases of recent sentences to prison (i.e. shorter sentence lengths), the providers and boards must have enough information and evidence to change that institutional decision to one that is less about incapacitation and more about rehabilitation and community re-entry. Thus, they must carefully weigh the circumstances of each referral and determine the degree to which community placement, in lieu of prison, is most appropriate.

With that in mind, following are the major factors that can lead to denial of a CDOC referral for community corrections placement:

1. *There is a lack of information in the Community Release Form from which to make a placement decision.*
2. *The offender has received recent or serious Code of Penal Discipline (COPD) violations while in prison.*
3. *The offender is a member of a security threat group that has been actively non-compliant in prison and placement in community corrections be a public safety risk.*
4. *The offender has not participated in or has been unsuccessful in CDOC programs and services.*
5. *There are no legitimate ties to the destination community or there is seemingly no reason for an offender to be displaced from one community (e.g. Pueblo) to another (e.g. Thornton).*
6. *There are recent escapes, absconds or new crimes while on previous community supervision.*
7. *The program and overall community cannot meet the risk/need profile of the offender.*
8. *The victim (if applicable for VRA cases) has expressed a formal written or verbal objection to community placement.*
9. *The proximity of the referral to the date of sentencing is such that immediate community placement would be in conflict with the recent judicial decision to incapacitate the offender in prison.*

13 Please provide a list of costs an offender is responsible for once in community corrections. Do the financial responsibilities required in community corrections deter offenders from requesting a referral?

Response: *While only anecdotal, it is highly plausible that the financial obligations for offenders while in community corrections are a deterrent to choosing community corrections over parole supervision. Client fees in community corrections are known to be higher than that on probation and parole, primarily due to the $17-per-day subsistence obligations. Following is a list of the primary costs for which offenders are responsible in community corrections.*

1. *Subsistence (Rent): A client can be charged up to $17 per day according to the Long Bill footnote.*

2. *Treatment Fees: The re-appropriated Correctional Treatment Funds are used initially to pay for client outpatient treatment and recovery support services. Eventually, the clients are transitioned to self-paid treatment once they are more financially stable. Once a client is required to self-pay for their treatment, fees can vary from program to program. The cost of treatment varies based on service type and agency, which can be $30 or more per session.*

3. *Restitution: A client's restitution is determined by the courts and is comprised of various fees. A client can have one or multiple restitutions due while in community corrections. The actual restitution the client pays and the amount the client is required to pay varies from program to program. Some programs require a client to pay 20% of their income to restitution.*

4. *CWISE Fees: A transition client is required to pay monthly CWISE fees to DOC in the amount of $10 per month.*

5. *Child Support/Child Support Garnishment: A client may owe child support. The amount the client is required to pay varies per client and can either be a payment to the child support agency, or a garnishment from their employer.*

6. *Transportation: If public transportation is necessary for a client to attend work, treatment, etc. a client will be required to pay between $2.60 - $9 for a one-way pass, $5.20 - $9 for a day pass, and $99 - $171 for a monthly pass. These ranges cover local, regional and airport fare prices. Programs who use the BSMART sanctions/incentives model often include incentivized rewards to offset this cost.*

7. *Medical Needs/Prescriptions: A client may need medical attention or prescriptions while under supervision in community corrections. This amount varies from client to client based on their individual needs. Clients in community corrections are now eligible for Medicaid-covered services (see Question #16 response)*

8. *Other: There are other costs a client may incur or need to pay while in community corrections. These include, but are not limited to, family expenses, work related clothing and tools, personal funds, and more.*

14 What mental health services are provided to clients in community corrections?

Response: *Once placed in community corrections, initial outpatient treatment for offenders is supported by Correctional Treatment Funds. Programs either refer to outpatient treatment from community-based providers or, if properly credentialed, can offer in-house behavioral health services to offenders. Table 14A reports the types and unit costs of behavioral health treatments delivered in community corrections in FY 2016-2017 by virtue of the Correctional Treatment Funds.*

Table 14A – Types/Unit Costs of Behavioral Health Treatment in Community Corrections Paid by Correctional Treatment Funds (FY 2016-2017)

Treatment Type	*Number of Tx Episodes*	*Total Spent*	*Avg Cost/Episode*
Dual Diagnosis (MH & SA)	***2774***	***$134,181.50***	***$48.37***
Assessment/Evaluation	*126*	*$9,550.00*	*$75.79*
Group Therapy	*1631*	*$60,737.50*	*$37.24*
Individual Therapy	*1017*	*$63,894.00*	*$62.83*
Medications	***821***	***$41,479.25***	***$50.52***
Psychiatric Medication	*821*	*$41,479.25*	*$50.52*
Mental Health	***8678***	***$600,324.00***	***$69.18***
Assessment/Evaluation	*731*	*$91,666.25*	*$125.40*
Group Therapy	*1457*	*$44,887.50*	*$30.81*
Individual	*10*	*$500.00*	*$50.00*
Individual/Psychotherapy	*5226*	*$330,403.00*	*$63.22*
Neuro Psych Exam	*2*	*$5,000.00*	*$2,500.00*
Psychiatric Appt/Rx	*1252*	*$127,867.25*	*$102.13*
Recovery Support (10%)	***5122***	***$130,096.50***	***$25.40***
Incentives for Abstinence	*165*	*$1,716.50*	*$10.40*
Clinical Case Management	*1*	*$45.00*	*$45.00*
Cognitive Restructuring	*2408*	*$64,142.00*	*$26.64*
Criminal Mindset Intervention	*226*	*$6,410.00*	*$28.36*
Family Counseling	*44*	*$2,415.00*	*$54.89*
Marriage Counseling	*29*	*$1,770.00*	*$61.03*
Relapse Prevention	*1773*	*$45,186.50*	*$25.49*
Substance Abuse Education	*45*	*$1,005.00*	*$22.33*
Transportation	*102*	*$436.50*	*$4.28*
Treatment Materials	*329*	*$6,970.00*	*$21.19*
Recovery Support Services	***1***	***$25.00***	***$25.00***
Treatment Materials	*1*	*$25.00*	*$25.00*
Substance Abuse	***37077***	***$1,179,058.35***	***$31.80***
Assessment/Evaluation	*1283*	*$79,379.00*	*$61.87*
Enhanced Outpatient	*12797*	*$409,181.01*	*$31.97*
Intensive Outpatient	*3419*	*$121,271.71*	*$35.47*
Weekly Outpatient	*19578*	*$569,226.63*	*$29.07*
Grand Total	***54473***	***$2,085,164.60***	***$38.28***

15 Is traumatic brain injury included as a factor when calculating the LSI?

Response: *Traumatic Brain Injury (TBI) is not a factor of the Level of Supervision Inventory (LSI). While considered an important responsivity factor for offender risk reduction, TBI (in and of itself) is not a well-established risk factor for recidivism. Rather, TBI should be treated as a barrier to addressing the assessed risks and needs of the offender population.*

16 Are clients/offenders in community corrections eligible for Medicaid?

Response: *Historically, individuals residing in community corrections facilities were not eligible for Medicaid-covered services because of guidance from the federal Centers for Medicare and Medicaid Services (CMS). For many years, the Department of Health Care Policy and Financing (HCPF) has been working with the Department to provide access to health care to the residents in community corrections facilities and overturn the historical guidance provided by the federal government. Efforts included numerous letters from the Department, stakeholders, members of Congress, the Governor and Attorney General that requested the federal Centers for Medicare and Medicaid Services expand coverage to these individuals.*

On April 28, 2016, the CMS issued SHO#16-007, a letter that clarifies when Medicaid-covered services are available to individuals residing in state or local, private or publicly operated, community corrections facilities. Pursuant to SHO#16-007, Medicaid-covered services are now available for Medicaid-eligible individuals living in community corrections facilities unless residents do not have "freedom of movement and association" while living in the facility. The CDPS has collaborated with HCPF and has identified which Community Corrections facilities allow residents freedom of movement and association as the term is defined in the Letter. Freedom of movement and association means that residents:

- *Are not precluded from working outside the facility in employment available to individuals who are not under justice system supervision;*
- *Can use community resources (e.g., libraries, grocery stores, recreation and education) at will and;*
- *Can seek healthcare treatment in the broader community to the same or similar extent as other Medicaid enrollees in the state.*

As a result of this 2016 change in CMS policy, offenders in community corrections are eligible for Medicaid covered services.

17 Please discuss how community corrections providers address opioid use (current or historical) in clients/offenders.

Response: *When clients enter community corrections their individualized client assessments, past substance abuse treatment histories and client self-reports are the methods for determining substance abuse treatment needs. In community corrections offenders are referred to any levels within a continuum of service levels that the following levels and intensities of treatment:*

- *Weekly Outpatient Therapy (1 to 3 hours per week of therapy)*
- *Enhanced Outpatient Therapy (3 to 8 hours per week of therapy)*
- *Intensive Outpatient Therapy (9 to 19 hours per week of therapy)*
- *Intensive Residential Treatment (40 hours per week of therapy and clinical support activities for 90 days)*
- *Therapeutic Community (9 months or longer in inpatient therapy with at least 6 hours per week of direct therapeutic contact)*

Figures 8A, 8B, and 8C are presented earlier in this hearing agenda document (Question 8) and illustrate the prevalence rate (85%) and recidivism reduction effects (up to 24% difference in recidivism) of proper treatment-matching to this continuum of services in community corrections.

Opioid abuse and addiction, while prevalent and well publicized, appears to be more problematic in some jurisdictions over others. For instance, Advantage Treatment Centers (ATC) has identified that opioid use is the most frequent substance issue in their Alamosa facility while methamphetamine (meth) is the most prevalent in both the Montrose and Sterling facilities. Additionally, annual data collection continues to illustrate synthetic drugs and methamphetamine as being the primary problem substance for many clients. Figure 17A illustrates data trends on terminations for specific substance-related problems in community corrections. Figures 17B and 17C show data trends on drugs of choice for offenders admitted to IRT and RDDT, respectively.

Figure 17A – Drugs of Involvement for Substance Related Technical Violations in Community Corrections (FY2013 to FY2017)

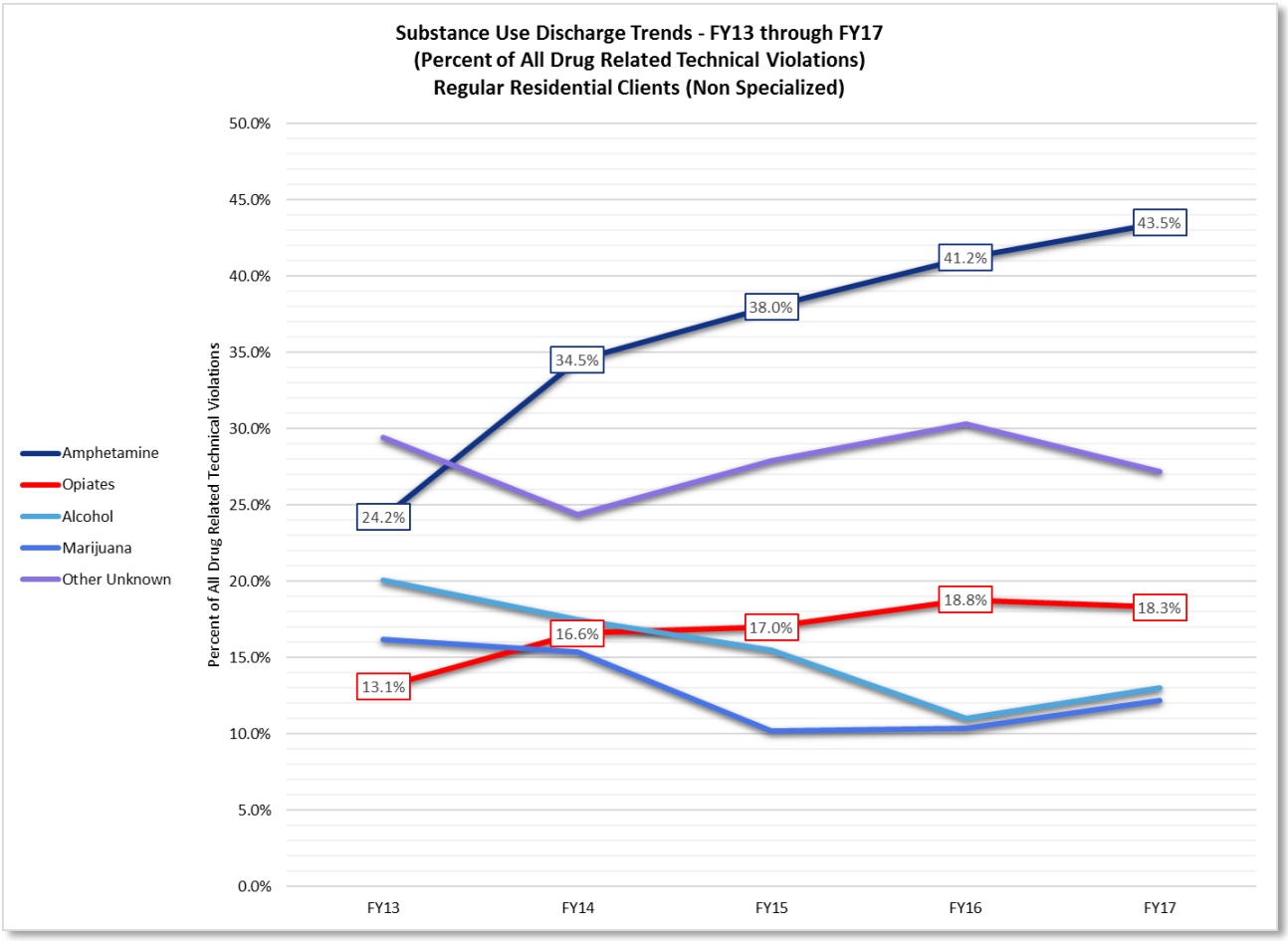


Figure 17B – Primary Drug of Choice for IRT Admissions

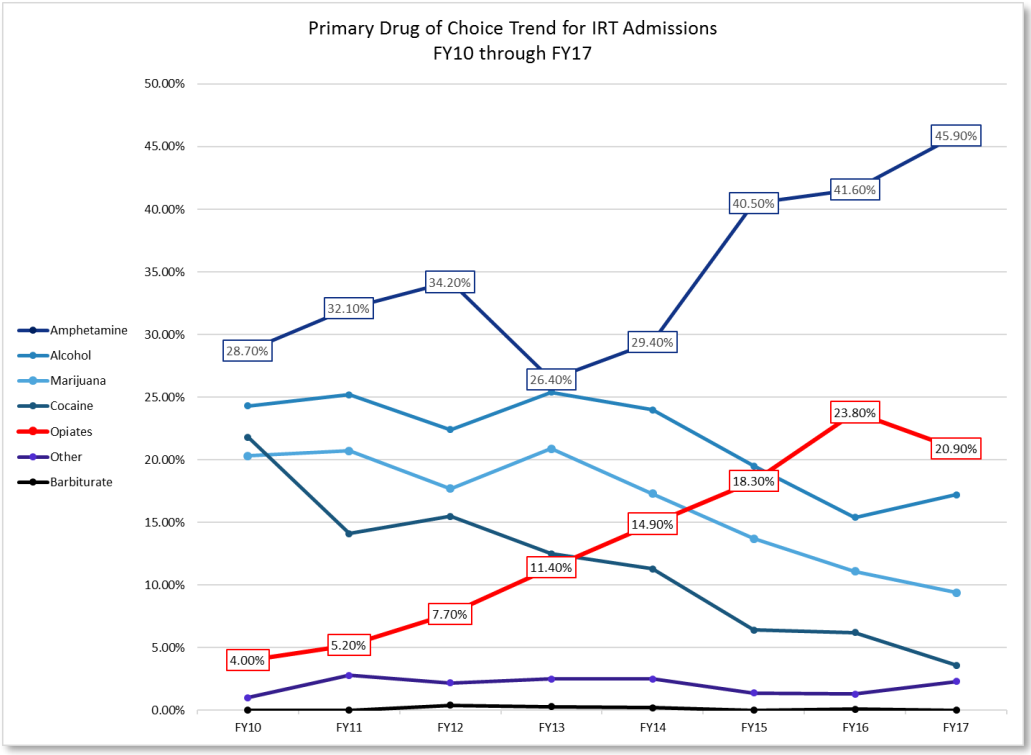
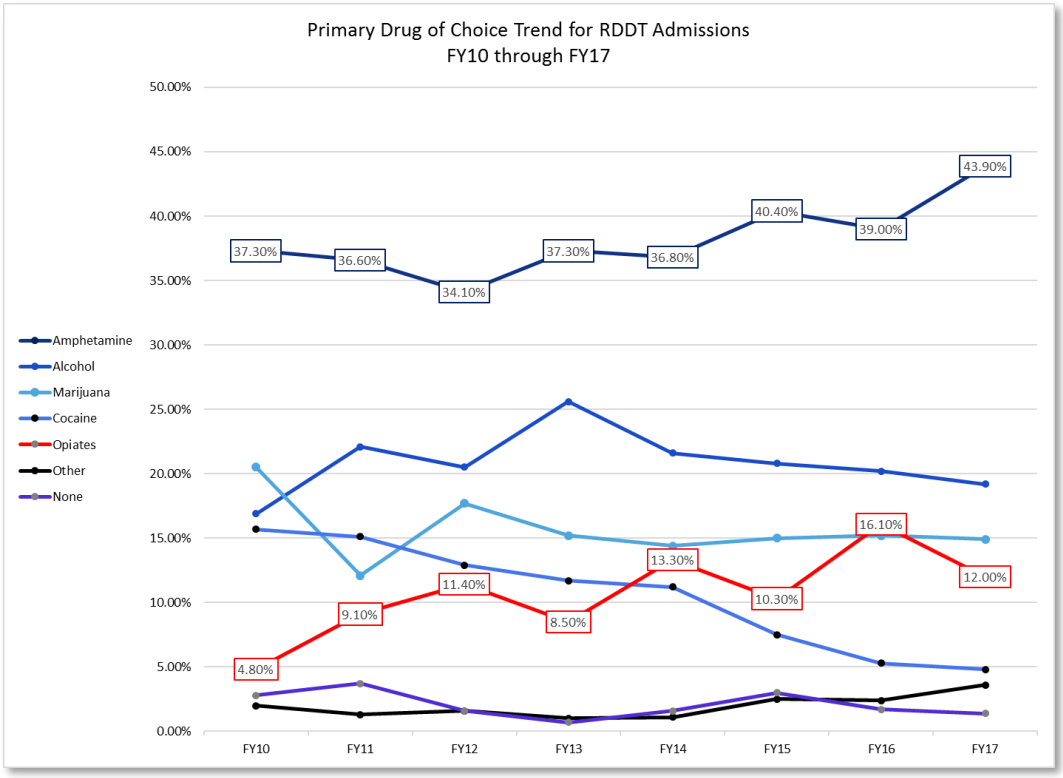


Figure 17C – Primary Drug of Choice for RDDT Admissions



In Alamosa there are numerous efforts underway to address opioid addiction in both the community at-large and in the community corrections facilities. Local substance abuse providers are being trained in how to provide Medication Assisted Treatment (MAT) utilizing Suboxone or Vivitrol. Currently, Suboxone treatment has been limited to use with pregnant women and consequently is not frequently used. The mental health center will provide Medicaid funded Vivitrol injections for opioid addicted individuals that have previously been prescribed and using Naltrexone. The once per month injections cost $900 per client. Additionally, the Crossroads program methadone clinic offers a 2-year long methadone assisted treatment program to which a small number of individuals have been referred. The ATC facility in Alamosa has partnered with Signal Behavioral Health Network to obtain 120 NARCAN (Naloxone) kits that can be applied nasally to reverse opioid overdoses. The facility is training both staff and clients on the usage of these kits and making them available to opioid addicted clients. Additionally, the program encourages clients to utilize the OpiRescue smartphone app which instructs users how to reverse an opioid overdose emergency. Given the large percentage of clients struggling with addiction, there is a stated need for more flexible options to provide treatment for these individuals. It has been identified that community corrections clients often can only attend substance abuse treatment at fixed hours that conflict with and potentially jeopardize their employment. Clients then are in a dilemma between attending treatment or working to support themselves and their families.

Overall, community corrections providers carry Narcan/Naloxone doses and training staff to use the medications safely in emergency situations. Correctional Treatment Funds in the community corrections appropriations have been made available to providers to use for Medication Assisted Treatments, where appropriate.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

18 Please discuss how offenders are placed into specialized community corrections programs.

Response: *The Department understands this question to only pertain to Transition/Inmate referrals into specialized community corrections programs. The information that follows describes the Transition process and has no information about Diversion placements by state district courts; Condition of Parole placements by local parole offices; or Condition of Probation placements by local probation offices.*

Intensive Residential Treatment (IRT) Placements

Colorado law requires a standardized procedure for the assessment and treatment of controlled substances due to the implementation of House Bill 91-1173. Implementation of HB 91-1173 resulted in a standardized level of treatment for substance abuse which was developed by the Departments of Human Services, Public Safety, Corrections and the Judicial Branch in the mid-1990s with adaptations in 2005. IRT treatment is one of the 8 levels of substance abuse treatment in the standardized assessment and treatment level system. The Standardized Offender Assessment-Revised (SOA-R) process contains specific decision points to determine that an offender is clinically appropriate for IRT placement.

Once having been referred to community corrections, inmates who are formally assessed as needing IRT treatment (via the standardized assessment procedure) are targeted for those beds by the CDOC Community Referral Unit. However, there are inmates in prison who are assessed as needing IRT that are never referred to community corrections IRT beds from CDOC institutional staff due to the inefficiencies described in Questions 1 in the CDPS Hearing Agenda.

Therapeutic Community (TC) Placements

Similar to IRT, the TC level of treatment is part of the standardized assessment and treatment procedure required in state law (H.B. 91-1173). The Standardized Offender Assessment-Revised (SOA-R) process contains specific decision points to determine that an offender is clinically appropriate for TC placement. Inmates who are placed in TC programs often participate in institutional TC programs and are admitted to Peer I (men) or the Haven (women) as a continuation of institutional TC services. The providers at Peer I and the Haven also do in-prison in-reach with potential inmates to determine if they are suitable for TC placement in the community.

Residential Dual Diagnosis Treatment (RDDT) Placements

As opposed to H.B. 91-1173, there is no statutory requirement for a standardized assessment and treatment procedure for offenders who are dually diagnosed with substance abuse and mental illness. Current state law recommends but does not require standardized screening and assessment for dually diagnosed individuals. Consequently, there is no single assessment-based identifier for inmates who meet clinical criteria for RDDT placement.

As a result, referrals to RDDT beds are not targeted nor are they driven by assessment-based criteria. Rather, community corrections boards and providers must assess and identify inmates for placement in RDDT beds once they have already been accepted into community corrections. In jurisdictions where RDDT services are available, this is less problematic. However, this leaves gaps where dually diagnosed inmates

are not intentionally referred or targeted by CDOC staff for placement in RDDT beds in community corrections.

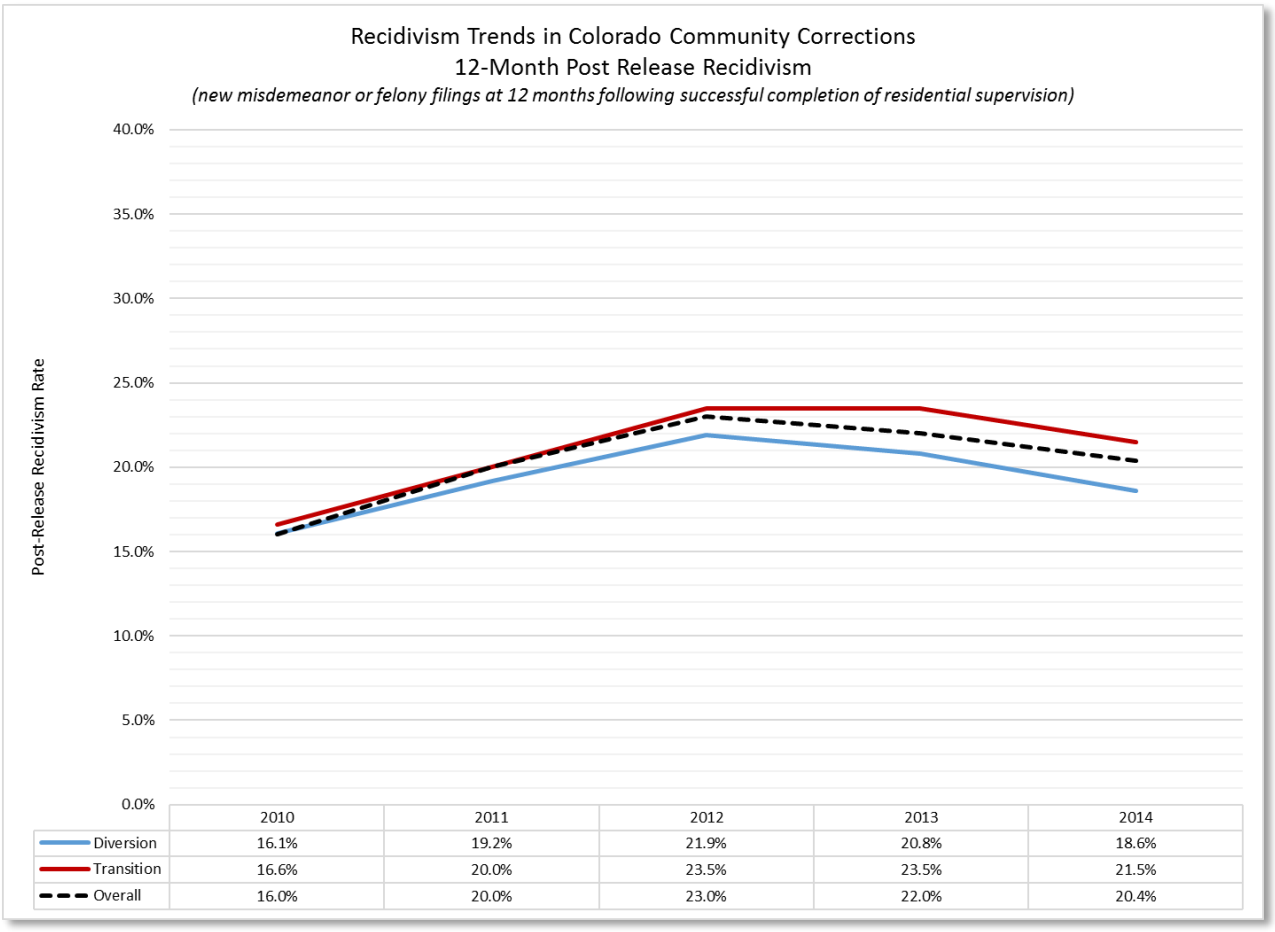
Specialized Sex Offender Supervision and Treatment (SOSTCC) Placement

Inmates convicted of sex offenses are subject to the same mandatory initial referral criteria set forth in Colorado law which is referenced in Question 1 of this CDPS Hearing Agenda. Similarly, they are also subject to same discretionary provisions in state law for subsequent re-referrals. Pursuant to these provisions, if and when a convicted sex offender is referred to community corrections, the board and provider screen for placement in their programs. If the local jurisdiction accepts sex offenders; and if the local provider is an approved SOSTCC provider, they are placed in a specialized bed. If a sex offender is referred to a jurisdiction that doesn't accept sex offenders, they are denied at the local level by either the provider or the board. On any given day in community corrections there are approximately 200 convicted sex offenders in various programs throughout Colorado; 90 of which are placed in the funded SOSTCC beds. Currently, institutional case managers would benefit from more education about of which jurisdictions serve sex offenders with SOSTCC beds (See answer to Question 1) and which do not accept sex offenders. As a result, there is no method for pre-screening and targeted referrals by CDOC institutional staff to SOSTCC programs.

19 Please provide for the past five years the recidivism rates for offenders and clients in community corrections.

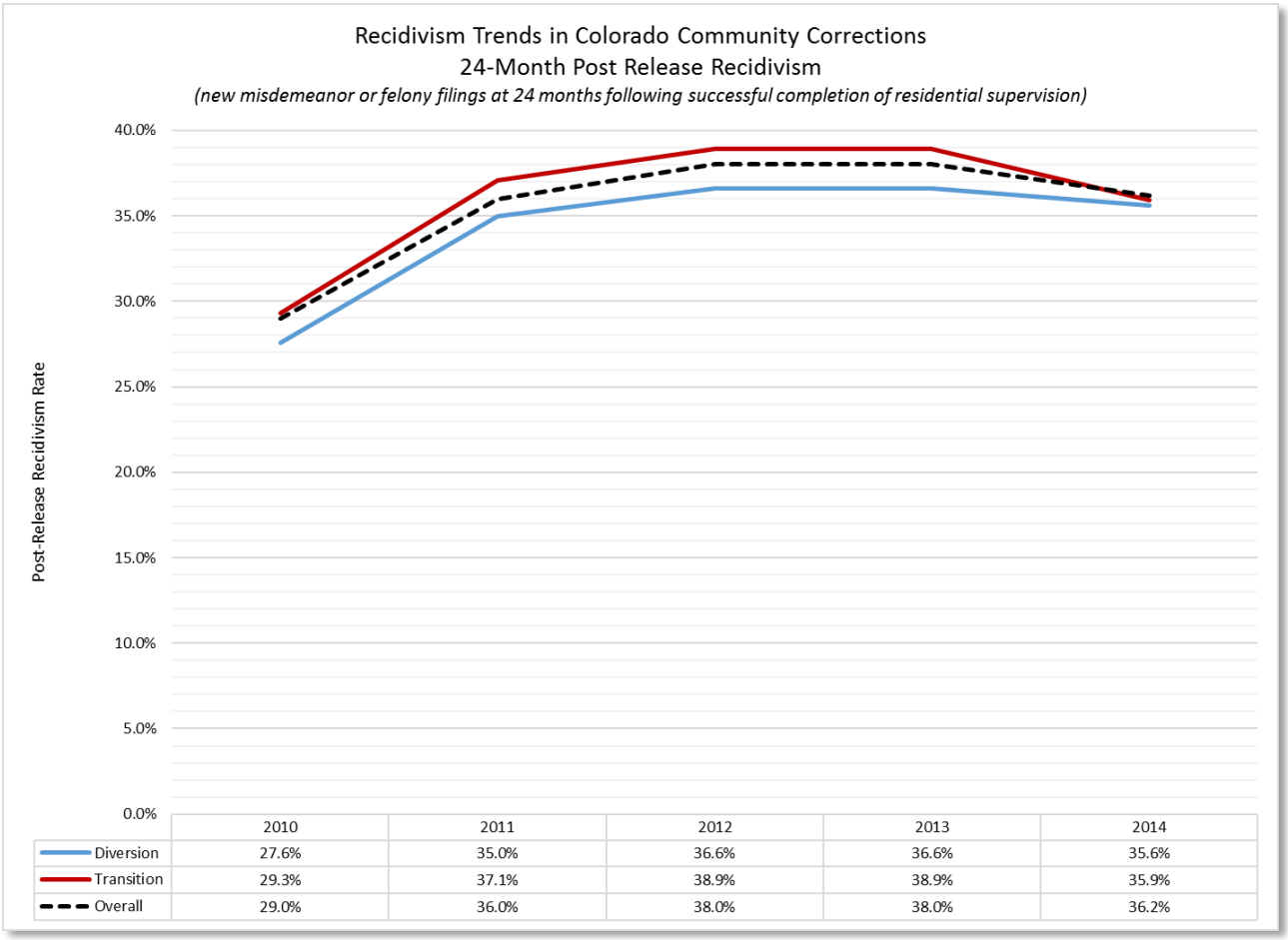
Response: *Figure A2A reports a 5-year recidivism trend for community corrections using a 12-month timeframe after successful completion of community corrections. Figure A2B reports a 5-year recidivism trend for community corrections using a 24-month timeframe after successful completion of community corrections. In both these cases, recidivism is defined as a new misdemeanor or felony filing of criminal charges.*

Figure A2A – 5 Year Recidivism Trend in Community Corrections (12-month post-release recidivism)



	2010	2011	2012	2013	2014
Diversion	16.1%	19.2%	21.9%	20.8%	18.6%
Transition	16.6%	20.0%	23.5%	23.5%	21.5%
Overall	16.0%	20.0%	23.0%	22.0%	20.4%

Figure A2B – 5 Year Recidivism Trend in Community Corrections
(24-month post-release recidivism)

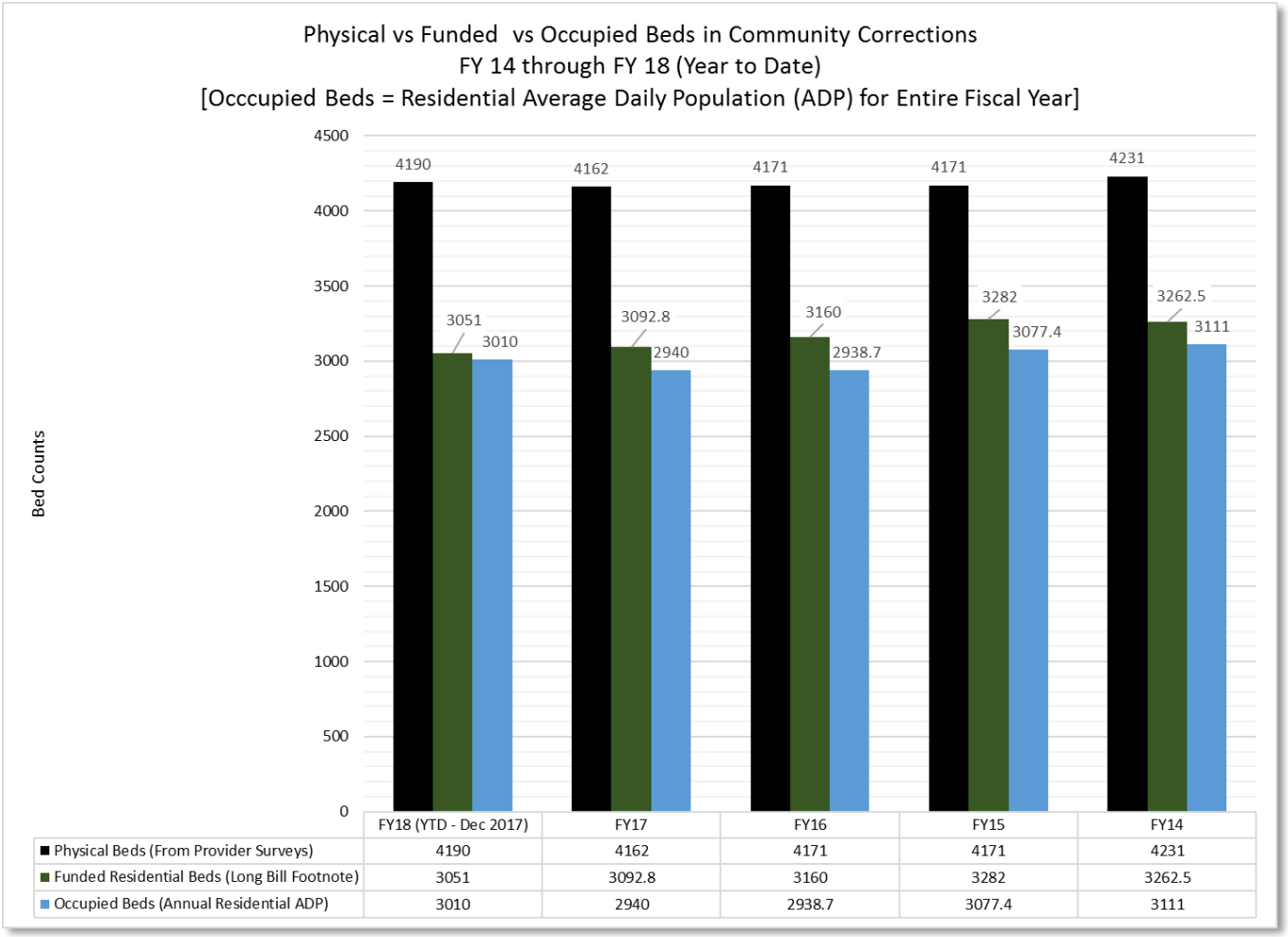


	2010	2011	2012	2013	2014
Diversion	27.6%	35.0%	36.6%	36.6%	35.6%
Transition	29.3%	37.1%	38.9%	38.9%	35.9%
Overall	29.0%	36.0%	38.0%	38.0%	36.2%

20 Please provide for the past five years the actual number of community corrections beds, the funded number of community corrections beds, and the occupied number of community corrections beds.

Response: *Figure A3A contains the requested information. It is important to note that the data for occupied beds is derived from average daily population statistics for the entire fiscal year rather than a single point-in-time. The data for Physical Beds is derived from periodic provider surveys and does not take into account staffed capacity levels.*

Figure A3A – Physical vs Funded vs Occupied Beds in Community Corrections (FY14 through FY18 YTD)



	FY18 (YTD - Dec 2017)	FY17	FY16	FY15	FY14
Physical Beds (From Provider Surveys)	4190	4162	4171	4171	4231
Funded Residential Beds (Long Bill Footnote)	3051	3092.8	3160	3282	3262.5
Occupied Beds (Annual Residential ADP)	3010	2940	2938.7	3077.4	3111

Figure A3B reports current bed capacity information using updated figures from December 2017 survey to providers (physical and staffed bed capacity) and December census figures (week of December 18th).

Figure A3B – Current Bed Capacity Figures by Jurisdiction

Jurisdiction /Location		Total Bed Capacity (Maximus vs Accessible)			Average Daily Population (Census – Dec 18 2017)			Open Beds			
								Physical Beds		Staffed Beds	
JD	Facility	Max Physical Capacity	Total Staffed Beds[1]	Gap – Max vs Staffed	DCJ Resid.	Non DCJ Resid.	Overall Resid.	by Facility	by JD	by Facility	by JD
1	ICCS.Jeffco	230	210	20	181.8	5	186.8	43.2	107.2	23.2	47.2
	ICCS.West	140	100	40	62	14	76	64		24	
2	GEO.Tooley	73	73	0	61	0	61	12	116.4	12	40.4
	Peer 1	125	80	45	77.8	2	79.8	45.2		0.2	
	I.H. Pecos	75	75	0	74.8	0	74.8	0.2		0.2	
	Haven	56	36	20	25.6	8	33.6	22.4		2.4	
	GEO.WSC	84	80	4	74.6	0	74.6	9.4		5.4	
	I.H. Fillmore	40	40	0	38	0	38	2		2	
	CC. Dahlia	120	120	0	115	0	115	5		5	
	CC. Fox	90	87	3	79	0	79	11		8	
	CC.Columb	60	60	0	55.4	0	55.4	4.6		4.6	
	CC.Ulster	90	86	4	85.4	0	85.4	4.6		0.6	
4	GEO.CAE	205	160	45	132.4	0	132.4	72.6	155.6	27.6	32.6
	Com Cor, Inc	383	305	78	296	4	300	83		5	
6	HTH	54	54	0	50.2	0	50.2	3.8	3.8	3.8	3.8
7	ATC.Mntrse	64	50	14	40.2	0	40.2	23.8	23.8	9.8	9.8
8	Larimer	358	325	33	302.6	20	322.6	35.4	35.4	2.4	2.4
9	Garfield	60	56	4	32	0	32	28	28	24	24
10	ICCS.Pueblo	122	122	0	103.4	1	104.4	17.6	17.6	17.6	17.6
12	ATC.Alamsa[2]	125	100	25	69	0	69	56	56	31	31
13	ATC.Sterling	130	106	24	98	0	98	32	32	8	8
14	GEO.CAPS	43	40	3	32	0	32	11	11	8	8
17	TTC.CC	136	136	0	129	0	129	7	69.6	7	69.6
	TTC.Adams	102	102	0	98.6	0	98.6	3.4		3.4	
	TTC.Hender	184	184	0	124.8	0	124.8	59.2		59.2	
18	CC.CCTC	107	107	0	101.6	0	101.6	5.4	160	5.4	24
	CC.ACTC	150	120	30	116.4	0	116.4	33.6		3.6	
	GEO.ACRC	206	100	106	85	0	85	121		15	
19	ICCS.Weld	204	204	0	177.4	0	177.4	26.6	26.6	26.6	26.6
20	CC.LCTC	69	69	0	37.2	30	67.2	1.8	4.8	1.8	4.8
	CC.BCTC	69	69	0	36	30	66	3		3	
21	Mesa	236	214	22	206	6	212	24	2	2	2
	Statewide[3]	**4190**	**3670**	**520**	**3198.2**	**120**	**3318.2**	**871.8**	**871.8**	**351.8**	**351.8**

[1] *Tooley, COMCOR, Williams Street, CAE, Fox, Mesa and TTC Henderson recently added staff while Peer 1 downsized*
[2] *ATC Alamosa can open up another 38 beds in 2018 if the local needs warrant expansion*
[3] *Advantage Treatment Center is planning to open up another 48 beds in Lamar, Colorado in early 2018*

21 Please discuss the factors that are used to forecast the prison population. Are 3rd grade reading scores included as one of the factors?

Response: *DCJ relies on multiple justice and demographic data sources in the forecasting model to simulate the flow of individuals into the system, as well as the movement of those already in the system. These include:*

- *Admissions to and releases from the CDOC and the population currently incarcerated.*
- *Colorado population forecasts are provided by the Demographer's Office of the Department of Local Affairs.*
- *Prosecution, conviction, sentencing and probation revocation data are obtained from the Colorado Judicial Branch's information management system and from annual reports issued by the Judicial Department.*

Future prison populations are modeled for three cohorts: new court commitments to prison, parole returns to prison, and the population currently incarcerated. The future admissions cohort estimates the composition and number of future admissions, including offenders who fail probation or community corrections and are subsequently incarcerated due to a technical violation. Projected future admissions are based on historical prison admission trends, taking into account crime trends, criminal case filings, conviction rates and sentencing practices. Trends in probation placements and probation revocation rates are also examined. A variety of statistical models are generated to develop the future admissions projections, incorporating recent changes in laws or policy. This projected future admissions cohort is disaggregated into approximately 70 offender profile groups according to governing offense type, felony class and sentence length. While the number of offenders admitted to prison each month of the projection period is tracked, the duration of their stay in prison is estimated and the point at which they are expected to be released from prison is also tracked. The length of stay in prison is estimated using data concerning the length of stay for offenders with similar profiles released in prior years, adjusted to reflect recent changes in law or policy.

The release of offenders currently in prison (referred to as the stock population), the estimates of future admissions, and the anticipated release of those admissions are combined to forecast the size of incarcerated populations in the future.

Prison population forecasting models in Colorado does not include the use 3rd grade reading scores as part of the calculations. In a survey conducted by the California Department of Corrections and Rehabilitation of all state correctional programs, none reported using such measures to assist in prison population forecasts.

22 Please provider an overview of client subsistence payments.

***Response**: While in residential and non-residential community corrections facilities, offenders are expected to work full-time, pay room and board, state and federal taxes and, when ordered, pay child support, restitution and court costs. Many programs provide in-house treatment services at a no cost or low cost alternative to the offender by method of the Correctional Treatment Funds.*

Offenders in the CBT and IRT programs do not work while participating in intensive treatment, so no financial information for CBT and IRT offenders is included in this section. In addition, offenders in TC programs are not able to work when they first arrive to the program and may not be eligible to work for up to nine months. Because many of these offenders do end up working, they were included in this sample.

Figures reported here are estimates based on reported figures in CCIB. The DCJ removes any significant outliers from each category to account for errors and to avoid skewing or otherwise misrepresenting the data. Even still, these data should be considered as an estimate of the community corrections offender population for each fiscal year and should not be understood as an exact figure.

The overall amount of subsistence paid by all types of offenders, excluding non-residential supervision fees, while in community corrections in FY17 was $11,850,442.00. Figure A5A shows the breakdown of total subsistence payments made by residential Diversion, Transition, male and female offenders.

Figure A5A – Subsistence Paid by Residential Clients

Subsistence Paid by Residential Clients in Community Corrections - FY17					
	Overall Subsistence Paid	Diversion Subsistence Paid	Transition Subsistence Paid	Male Subsistence Paid	Female Subsistence Paid
FY17	$11,850,442	$6,036,890	$5,813,552	$9,909,545	$1,940,897
FY16	$11,997,310	$5,808,899	$6,188,411	$9,977,096	$2,020,214

Figure A5B outlines the average amount of subsistence collected from residential community corrections offenders each day. Although programs can charge up to $17 a day for residential services, they may not be able to collect this amount when the offender is unable to work, or has other expenses such as court-ordered child support, treatment costs, restitution and medication.

Figure A5B – Average Daily Subsistence Paid

Average Daily Subsistence Paid by Residential Community Corrections Clients – FY17								
	Diversion		Transition		Male		Female	
	FY16	FY17	FY16	FY17	FY16	FY17	FY16	FY17
Mean	$7.06	$7.52	$8.20	$9.07	$7.91	$8.56	$6.63	$6.92
N	2782	3307	2887	3019	4448	5036	1235	1317

The figures above include offenders from specialty residential community corrections programs, such as RDDT and TC, who may not be eligible to search for employment for a considerable amount of time after entering the program. Excluding these individuals, the average amount of subsistence paid by traditional residential community corrections clients was $8.79 per day in FY17.

23 Please provide a list of the reasons a client can be terminated from a community corrections program.

***Response**: In 2016, the CCJJ issued recommendations to improve community corrections. Recommendation FY16-RE #02 reads as follows:*

> *Recommendation FY16-RE #02 The Office of Community Corrections should provide model conditions of community corrections placement for implementation by programs statewide.*

Since that time, the DCJ has been working with providers to adopt and implement these model conditions of placement. Violations of any of these Condition of Placement place offenders at risk of regression/removal from community corrections and placement in prison. Providers, through the Behavioral Shaping Model and Reinforcement Tool (B.SMART) use these conditions and consider a totality of the circumstances at hand as well as a structured decision making tool when making case-by-case decisions about removal from a program. The B.SMART tools incorporate a structured decision making and risk/need-informed matrix to guide providers through decisions in this regard to assure that decisions are fair, consistent, transparent, and involve the appropriate degrees of due process and procedural justice. The structured decision making tool also weighs any strengths of the client and important responsivity factors in the decision to keep or terminate a client from residential supervision. Not all providers have yet adopted the B.SMART tools; however, over 50% of the current providers are in active stages of implementation.

Conditions of Community Corrections Placement
[Class 1]

- ***Condition #100 – Non Violent Behavior**: Individuals placed in community corrections shall behave in a manner that is respectful to the safety and security of all other persons.*

  Violation - Violent Behavior: Individuals commit a violation of this condition of placement when, through negligence or recklessness, they cause injury to another person or apply any physical force against any person regardless of whether or not injury occurs. This includes engaging in a physical altercation, not limited to the exchange of punches, shoves, kicks, or any offensive physical contact.

- ***Condition #101 – Law Abiding Behavior:** Individuals placed in community corrections must comply with local, state, and federal law and shall demonstrate pro-social and non-criminal behavior at all times.*

  Law Violation: Individuals commit a violation of this condition of placement when they violate any state or federal law (felony or misdemeanor) which could result in jail time.

- ***Condition #102 – Possession of Safe and Secure Property:** Individuals placed in community corrections shall possess only physical property that is deemed safe and secure by the community corrections program.*

Violation - Possession of Contraband (Dangerous): Individuals commit a violation of this condition of placement when they introduce Illegal or dangerous contraband into the facility or when they physically possess dangerous contraband on one's person, in one's room, immediate sleeping area, locker, place of work or other program assignment. A client is also in violation if they actively refuse to submit to a person or property search based on the assumption that client is in possession of dangerous contraband. Dangerous contraband is defined as (completed by facility).

**Specialized populations might be subject to further contraband definitions determined appropriate by the program.*

- ***Condition #103 – Accountable Whereabouts:*** *Individuals placed in community corrections shall be accountable for their whereabouts in the community at all times and shall only be at locations in the community that are approved by the community corrections program.*

  Violation - Unauthorized Absence (Major): Individuals commit a violation of this condition of placement when one fails to return to the facility by the required return time, departs from the approved sign-out location without permission, or is unavailable for phone monitors when staff attempts a verification call.
  (Programs choose which time frames constitute a major cut off)

  **Specialized populations might be subject to further whereabouts time frame cut offs as determined by program.*

- ***Condition #104 – Compliance with Appropriate Sexual Behavior:*** *Individuals placed in community corrections shall demonstrate sexual behavior that conforms to the requirements of the Program. If discovered, clients will report any instances of inappropriate sexual behavior to the appropriate authorities.*

  Violation – Engaging in Sexual Acts Harassment: Individuals commit a violation of this condition of placement when one subjects another person to sexual contact, through physical action and/or verbal or written statements with or without consent; engaging in sexual acts in the facility or on facility grounds; indecent exposure; inappropriate sexual advances or comments directed to staff, clients or visitors. This includes any behavior of a sexual or romantic nature whether verbal, nonverbal, or physical.

- ***Condition #105 – Completion of Program Assignment:*** *Individuals placed in community corrections shall complete their assigned sentence or period of placement as determined by their respective referral and/or regulatory agency.*

  Violation – Escape: Individuals commit a violation of this condition of placement when one leaves the confines of the facility and fails to return, or fails to return to the facility from a sign-out location according to the current community corrections standard timeframe.

Consequences of Violations:

Individuals placed in community corrections who violate any of these Conditions of Placement shall be subject to sanctions according to the following Behavioral Shaping Model:

Class I Violation Responses	
Administrative Review for Program Termination	YES
Investigative Facility Hold	YES
Behavioral Intervention	YES
Community/Facility Service Hours or Tasks (Optional)	Max 25
Restriction Days (Optional)	Max 25
Optional Responses	

Conditions of Community Corrections Placement

[Class 2]

- ***Condition #200 – Sobriety****: Individuals placed in community corrections shall remain substance free.*

  Violation - Substance Use: Individuals commit a violation of this condition of placement when he/she submits a positive breathalyzer test or a urine sample that contains any quantity of unauthorized substances to include: alcohol, illicit drugs (to include synthetic substances), inhalants, or prescription medications to which the individual is not prescribed to by a physician. This condition violation also includes urine sample testing that detects a non-typical result, is determined untestable, deemed dilute or tampered with.

- ***Condition #201 – Prosocial Driving Behavior:*** *Individuals placed in community corrections are expected to have a valid driver's license and insurance and permission from appropriate staff to obtain driving privileges.*

  Violation – Unauthorized Driving: Operating any motor vehicle without prior approval by staff and regulatory agency staff as required.

- ***Condition #202 – Possession of Safe and Secure Property****: Individuals placed in community corrections shall possess only physical property that is deemed safe and secure by the community corrections program.*

  Violation - Possession of Contraband (Major): Individuals commit a violation of this condition of placement when they introduce major contraband into the facility or when they physically possess major contraband on one's person, in one's room, immediate sleeping area, locker, and place of work or other program assignment. Major contraband is defined as (completed by facility).

- ***Condition #203 – Accountable Whereabouts:*** *Individuals placed in community corrections shall be accountable for their whereabouts in the community at all times and shall only be at locations in the community that are approved by the community corrections program.*

  Violation - Unauthorized Absence (Moderate): Individuals commit a violation of this condition of placement when one fails to return to the facility by the required return time, departs from the approved sign-out location without permission, or is unavailable for phone monitors when staff attempts a verification call. (Programs choose which time frames constitute a moderate cut off)

- ***Condition #204 – Pro Social Financial Behavior:*** *Individuals placed in community corrections shall meet their required financial obligations as defined by program requirements.*

  Violation - Financial Misconduct: Individuals commit a violation of this condition of placement when one actively refuses to meet financial obligations and demonstrates anti-social financial behavior. This includes refusing to meet their individualized financial obligations such as: restitution payment/subsistence/fees, and refusing to turn in a paycheck.

- ***Condition #205 – Safe, Secure, and Pro Social Communication and Behavior:*** *Individuals placed in community corrections shall communicate to others in a manner that is respectful to the safety and security of all other persons. Both verbal and non-verbal communication shall be respectful to the safety and security of all other persons.*

  Violation - Abusive or Threatening Behavior: Individuals commit a violation of this condition of placement when his/her verbal or non-verbal behavior towards another person(s), or aggressive behavior towards property causes fear of injury, intimidation, or compromises the general safety and security of staff, residents, or members of the community.

- ***Condition #206 – Respect of Others' Property****: Individuals placed in community corrections shall respect the physical property of all persons and refrain from damaging the property of others.*

  Violation - Property Damage (Major): Individuals commit a violation of this condition of placement when his/her behavior, either intentionally or through recklessness, results in the damage of any property of another. This includes damaging the property of the facility that compromises the safety or security of others. (Program to determine the major property damage criteria)

- ***Condition #207 – Pro Social Employment Behavior:*** *Individuals placed in community corrections shall demonstrate pro-social, compliant, and productive behavior to obtain and maintain employment.*

  Violation - Employment Misconduct: Individuals commit a violation of this condition of placement when one is terminated, demoted, or suspended from employment due to anti-social or disruptive behavior or due to behavior that violates the policies of their employer. This violation includes a pattern or refusal to abide by job search requirements.

- ***Condition #208 – Pro Social Behavior in Treatment:*** *If determined applicable through standardized assessment, individuals are expected to enroll in and attend treatment and remain engaged by cooperating fully with the treatment provider until successful program completion is achieved. Individuals placed in community corrections shall demonstrate pro-social, compliant, and productive behavior during treatment of any kind.*

  Violation - Treatment Misconduct: Individuals commit a violation of this condition of placement when one is terminated or suspended from treatment due to anti-social or disruptive behavior or due to behavior that violates the policies of the treatment agency, fails to schedule an intake appointment, or misses a scheduled treatment appointment.

  **Specialized populations might be subject to termination if determined appropriate by the program.*

- ***Condition #209 – Pro Social Influences upon Others****: Individuals placed in community corrections shall demonstrate pro-social influence on others behavior.*

  Violation - Bribery/Solicitation: Individuals commit a violation of this condition of placement when his/her behavior actively influences another person to commit an unlawful or prohibited act in the facility or in the community. This includes offering anything of value to any staff member or other residents with the intent to influence that person's discretion or actions in any way. This includes a resident who attempts or participates in an act(s) where the goal is to persuade, intimidate or influence, or to elicit any staff into an unlawful act and/or violation of policy for any reason.

- ***Condition #210 – Pro Social Influences upon Self:*** *Individuals placed in community corrections shall, with staff permission, associate only with persons that have a positive or pro-social influence upon themselves.*

  Violation - Anti-Social Association: Individuals commit a violation of this condition of placement when he/she voluntarily engages in an anti-social interaction(s) with an anti-social peer (gang affiliation, co-defendants, victims, etc.)

Consequences of Violations:

Individuals placed in community corrections who violate any of these Conditions of Placement shall be subject to sanctions according to the following Behavioral Shaping Model:

Class II Violation Responses	1st	2nd	3rd	4 ∞	
Administrative Review for Termination	NO	NO	YES	YES	
Investigative Facility Hold	No*	No*	Optional	Optional	*Hold allowed upon first violation of Condition #200
Behavioral Intervention	YES	YES	YES	YES	
Community/Facility Service Hours or Tasks (Optional)	Max 20	Max 20	Max 20	Max 20	
Restriction Days (Optional)	Max 20	Max 20	Max 20	Max 20	
Optional Responses					
Grid Reset Time Frame	Maximum 60 Days				

Structured Decision Making Tool for Program Terminations

SEVERITY OF PROHIBITED ACT

RISK	LOW	MODERATE	HIGH
HIGH >29	*Keep*	*Discretion*	*Terminate*
MODERATE <28	*Keep*	*Keep*	*Discretion*

*The "Discretion" window is looking at factors ***PRIOR*** to violation

1. Protective Factors:

0	1	2	3

- Employment/ Financial stability
- Family/Community Support
- Leisure/Recreation Activities
- Prosocial Attitudes

2. Risk Reduction/ Program Compliance: "Progress"

0	1	2	3

- Substance abuse (abstinence/use)
- Case Plan Progress
- Risk level on LSI: Is it decreasing?
- Incentives points earned

3. Previous Behavior and Responses

0	1	2	3

- Compliance
- Behavioral Interventions
    - was the intervention effective in addressing the correct behavior?
    - has there been adequate time given to respond to intervention?
- Was a responsivity factor missed? I.e. education/mental health/trauma/etc.